VS. A1SME 5M 7/S9

# MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	MAKTLAN	D STATE DEP	ARTMENT OF	HEALT	H	
Division of STATISTICAL	RESEARCH A	ND RECORDS, 3	01 W. PRESTON	STREET, E	BALTIMORE 1, A	MARYLANI

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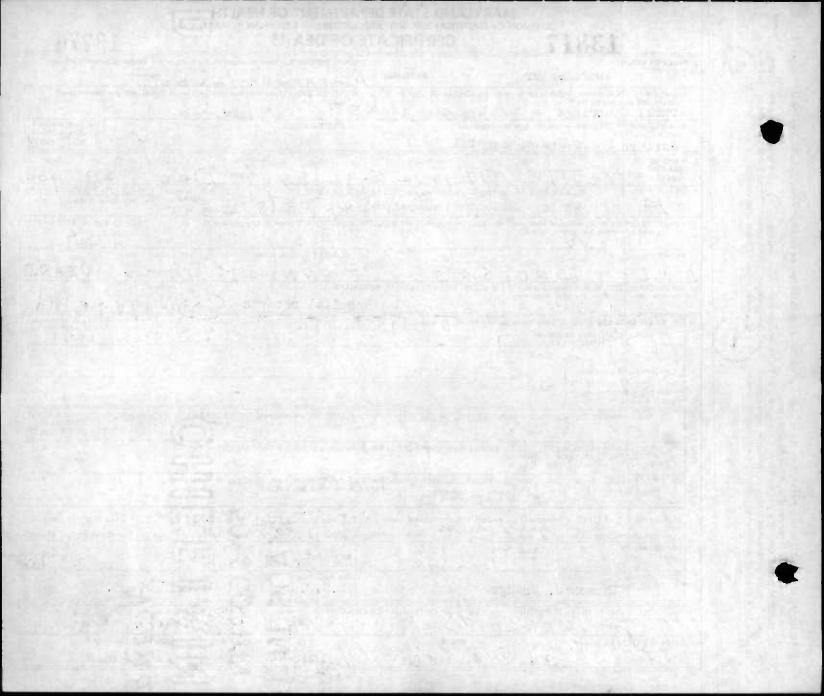
1. PLACE OF DEATH ON A		2. USUAL RESIDEN	CE (Where deceased lived, If		nca bafora a dmission)
Dorchester	MARYLAND	Mary]	b. COUN	Wicomic	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write	RURAL and give	naarest town)
Near Cambridge	3vrs.+	Salisbury	r	231	2 - 2
Near Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			. IS RESIDENCE
Eastern Shore State Hospi	tal	107 Fooks	street		YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey	Yeer
(Type or print) DANTET.	LEE	BAILEY	DEATH December	r 3rd. 1	060 10
5. SEX 6. COLOR OR RACE 7. MARRI		DATLET.	9. AGE (In years	LIFTINDER T YEAR	
44 9			last birthday)	Months Days	Hours Min.
Male   White   widow	ED DIVORCED	10/10/81	79 yrs.		
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
Farmer	en. Farming	Maryland		U. S.	A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
Hilery Bailey		Mary Eli	zabeth Parsons		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	. SOCIAL SECURITY NO.   17. 1	NFORMANT II	N/ Address		) Malan 1
(Yas, no, or unkown) (Ifyasgivawarordatasofservica)	nknown Re	nrs nai	ry Morrist Date State St	augnter	ital
18. CAUSE OF DEATH  Enter only one cause per	lina for (a), (b), and (c) )	COIGS OF Has	Serii Dilore Div	a ce nosp.	TERVAL BETWEEN
DART I DESTINANT CALLED BY		D		0	NSET AND DEATH
IMMEDIATE CAUSE (a) CO	ngestive Heart	Failure		3	days
DUE TO				1	
Conditions, if eny, which \ (b) Ar	terio sclerotio	cardio-vasc	cular renal dis	sease	3yrs.+
gave rise to immediate cause					
(a), stating the undarrying					
Z PART II. OTHER SIGNIFICANT CONDITIONS CO	NITRIBUTING TO DEATH BUT NO	T DEL A TED TO THE TED TO	LIAL DISCLOS COLUMNICALI CHI		
PART II. OTHER SIGNIFICANT CONDITIONS CO				EN IN PART I(a)	PERFORMED?
3 Parkinson's Synd. & Int	er-trochanterio	fracture Fe	emur, Left (11,	/23/60)	YES NO
PRIMARY OF CONTRIBUTING 相	RIBE HOW INJURY OCCURED. (E				
1 Deces	sed slipped on INJURY OCCURRED   200. PLA	the floor ar	nd fractured h		
20c. TIME OF INJURY Month, Day, Yaar   2Dd. Whi at wo	la Not While	ory, street, office bldg., etc	.)   City or town)	(County)	(State)
your a.m. 11/23/60 <sub>19</sub> Whi	la Not While # E.S.S	. Hospital	nr.Cambridge,I	Dorchest	er, Md.
21. I certify that I took charge of the re-				y # , and	in my opinion
death resulted from: Natural causes #	. Accident . Suici	ide , Homicide	Undetermined m	- Marie	
		CHIEF MEDICAL			
ACTUAL FOLKS	41 /2 / 2000				And the state of
SIGNATURE CANAL GE	NO VIOLED	M.D. ASSISTANT MED	ICAL EXAMINER		DATE SIGNED
EXAMINER'S	011	DEPUTY MEDICA	L EXAMINER T		12/3/60
NAME (Type) Eldridge H. Wolf	f, M. D. Cambrid	ige, Manyland	ity, town, or county)		
228. BURIAL, CREMATION, 22b. DATE THEREOF REMBYLLISTS Dec. 7, 1960	Wicomico Men	CREMATORY	22d. LOCATION (City, town		(Stata)
23. FUNERAL DIRECTOR	ADDRESS		'D BY REGISTRAR   246. REG	ISTRAR'S SIGNAT	TURE
HOLLOWAY & COMPANY SA	ALISBURY MARY	LAND DADEC	6 '60 and	wy & Keny	
			, 0000	- a - Mall	, <del>-</del>

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13817	CERTIFICA	TE OF DEATH		13770
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who	b. COUNTY_	on: Residence before admission)
b. CITY OR TOWN (If autside carporote limits, write RURAL and give neorest town)  rural Cambridge  d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION)  Eastern Shore State Hosp		1 a x 111'	utside corporate limits, write RI	RAL and give nearest town)  e. Is RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF DECEASED (Type or print)	Middle ) L/V/ax	Lost Lost	4. DATE Mont	
white widow		B. DATE OF BIRTH	9. AGE (In years lost birthdoy) 872 88 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	14. MOTHER'S MAIDEN N		12. CITIZEN OF WHAT COUNTRYS
HENry Burr	SWS	FONNI	e Burr	OWS SEARS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)   If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	NFORMANT Hospital reco	ords Camb	· · · · · · · · · · · · · · · · · · ·
18. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate couse (a), stoting the under- lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS	enera)	T NOT RELATED TO THE TERMIN		PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	art 1 or Port 11 of item 18.)	YES NO A
20c. TIME OF INJURY Month, Day, Year 20d. I While of wor	Not while fo	LACE OF INJURY (Hame, farm, octory, street, office bldg., etc.	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attends aw the deceased alive an Deceased 220. SIGNATURE  22c. PHYSICIAN'S NAME (Type Thomas J. Dredge		M.D. ATTENDING ME PHYS. M.D. ME PHYS. M.D. 22d. ADDRESS	M, from the causes an	d an the date stated abave  22b. DATE SIGNED 20, Md.
23a. BURIAL CREMATION, REMOVAL (Specify) 18-26-60	23c. NAME OF CEMETERY OF LEGISLAND	an Come tex	23d. LOCATION (City town, o	and and
24. FUNERAL DIRECTOR'S SIGNATURE	arricon,		000000	than 8. Hours

TO HOSPITAL VR A15 (4) 1SM 9/59



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence . COUNTY b. COUNTY MARYLAND ector. c. LENGTH OF STAY IN 1b TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS e. IS RESIDENCE ON & FARM? retained he State B NOF and 3 to the fune 3. NAME OF First DATE Middle Month Dev 4. DECEASED (Type or print) after with 6. COLOR OR RACE 7. MARRIED 8. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED 2 with d 2 wi last birthday) Months WIDOWED DIVORCED CCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) in pencil in Item 18. Give Pages 1, Office along with form PM3. Page pages 14. FIG 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unkown) | (If yes give war or dates of service) Office along with burial-transit permi 18. CAUSE OF DEATH jEnter only one cause per line for (e), (b), end (c). NTERVAL BETWEEN 2 INSET AND DEATH PART I. DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (a) DUE TO removal Conditions, if eny, which (b) gave rise to immediate cause 10 "pending" 103 DUE TO (a), stating the underlying 98 Medical Examiner 0 cause last. pe nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? ie the certificate, writing the word forwarded to the Chief Medical E. L. DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) burial, c PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20e, PLACE OF INJURY (Home, ferm, 1 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) 0 Hour a.m. While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection agent, death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE FUNERAL lease execute should be fa DEPUTY MEDICAL EXAMINER DEPUT NAME (Type) Address (Street, city, town, or county) BURIAL, CREMATION, DATE THEREOF OR CREMATOR or country EMOVAL (Specify) 0 40 FUMERAL DIRECTO REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

AND STATE DEPARTMENT OF HEALTH

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Le Compte Funeral Service, Cambridge, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE

Year

1960

F UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

Instant

PERFORMED?

NO T

(Steta)

and in my opinion

DATE SIGNED

(State)

Dey

Months

(County)

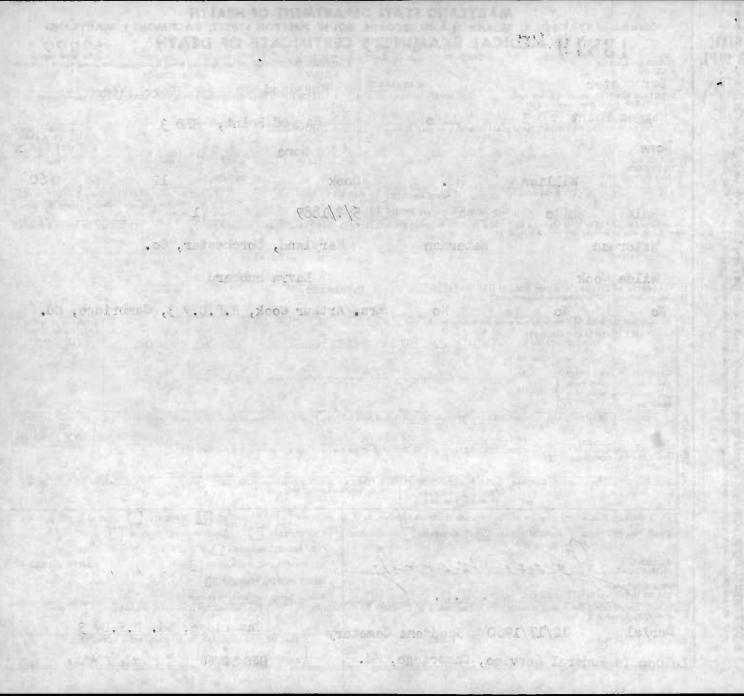
anthur & Kraud

DEC 2 2 '60

DATE

ON A FARM? YES NO TO

VS. A15ME 5M 7/59



Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. COUNTY files. Health, actor. Page a. STATE b. COUNTY necessary Dorchester Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) Your writa RURAL and give nearest town) Board of entire life Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? be retained State 410 Maryland Ave. and 3 to the funer 410 Maryland Ave. YES TO NO TO NAME OF Middle 4. DATE Yeer DECEASED with the (Type or print) DEATH Minnie Corkran December 1.1960 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 2 with in pencil in the 18. Give Pages 1, 2, and 3 biffice along with form PM3. Page 5 may burial-transit permit. File pages 1 and 2 wi over and in any event with 72 hours. lest birthdey) Hours Min. 8/1.45 Female WIDOWED DIVORCED T September 15,1876 hours after 1Da. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S. Homemaker Vienna district 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Henry Corkran Emma S. Reid 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yas give war or datas of service) Mrs. Harry K. Stoker, 410 Maryland Ave., Camb, Md. No e should be executed None 1B. CAUSE OF DEATH [Enter only one ceuse par line for (e), (b), and (c).] Office along w burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary occlusion Instant DUE TO removal, Conditions, if eny, which (6) "pending" gave risa to immadiate cause 10 DUE TO (e), stating the undarlying SIE the certificate, writing the word "pendin This certificat cause last. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 2 should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be its designated account. NO K 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | IDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) factory, streat, office bldg., etc.) While Not While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry and in my opinion death resulted from Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER [ designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT John Mace Jr. NAME (Typa) Address (Street, city, town, or county) 9989 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (Stale) REMOVAL (Spacify) 0 40 9 Burial Dec. 3 Cambridge Cemetery Cambridge .Md. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE Cambridge, Md. VS. AISME DATE DEC 1 5 '60 Circles S. Frank 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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	13798		CERTIFICA	TE OF DEATH	1	Re	g. Dist. No.	13774
o. COUNTY	Dorchest	er	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Mary		b. COUNTY	Residence befor Dorche	
RURAL ond give	I (If outside corporate limi nearest town) ridge	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	ridge	mils, write RURA	L and give nea	rest town)
d. NAME OF HOS	PITAL (If not in hospitol, g	ive street	oddress)	d. STREET ADDRESS	Muir S	treet		ON A FARM?
NAME OF DECEASED (Type or print)	Fir Mar	st	Middle Elizabeth	lost Cornish	4. DATE OF DEATH	Month Dec.	Do <sub>1</sub>	Year 19 <b>6</b> 0
SEX Female	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	Feb. 11. 1	883	E (In years IF )		IF UNDER 24 HR Hours Min.
On. USUAL OCCUPATION during most of w		done 10b.	KIND OF BUSINESS OR INDUS Housewife				12. CITIZEN OF	F WHAT COUNT
3. FATHER'S NAME	Caleb Mo	lock	•	14. MOTHER'S MAIDEN N			nley	
S. WAS DECEASEDE Yes, no or unknown)	VER IN U. S. ARMED FOR		37	orge Corni		Address bridge	-	
0.70	DUE TO							
Conditions, if gove rise to couse (o), statin lying couse los	ony, which immediate by the under-							
gove rise to couse (o), stotin lying couse los	ony, which immediate of the under-	DITIONS (	CONTRIBUTING TO DEATH BUT				IN PART 1(o) 15	PERFORMED?
gove rise to couse (o), stolin lying couse los PART II. C	ony, which immediate DUE TO the under-	DITIONS (	CONTRIBUTING TO DEATH BUT				IN PART I(o) 19	9. WAS AUTOPS PERFORMED? YES NO
gove rise to couse (o), stolin lying couse los PART II. C	ony, which immediate of the under- tit. (c)  DTHER SIGNIFICANT CON  WAS UNDERLYING  CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Doy, Yee  1.	20b. DES	CRIBE HOW INJURY OCCURRED		Part I or Part II of	item 18.)	(County)	PERFORMED? YES NO
gove rise to couse (o), stolin lying couse los PART II. CO PART III. C	ony, which immediate on the immediate of the under of the	20b. DESi ar 20d. II While of wor	CRIBE HOW INJURY OCCURRED  NJURY OCCURRED  Not while   20e. PLA  foc   foc   foc   foc    ed from November   10   10   10    and that death	CE OF INJURY (Home, farm tory, street, office bldg., etc.)  1959, to Doccurred at 8 P	Port I or Port II of  1, 20f. (City or to	item 18.) wn)	(County) hat I last sa on the dot	PERFORMED? YES NO (Stol
gove rise to couse (o), storin lying couse los PART II. CO PART III. C	ony, which immediate on the immediate of	20b. DESI ar 20d. II While of wor deceas	CRIBE HOW INJURY OCCURRED  NOT while   20e. PLA  k   of work   foc  ed from November  and that death	CE OF INJURY (Home, form fory, street, office bldg., etc.)  1959, to Doccurred at 8 P	Port I or Port II of  20f. (City or to  C 9  M, from the  ADDRESS (Street,  E St—Ca	wn)  1960, the causes and city or town, statement and general	(County) hat I last sa on the dot e) e , Md .	PERFORMED? YES NO (Stote)  (Stote)

	OF DEATH	CERTIFICATE	
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	CERTIFICATE OF DEATH  Reg. Dist. No. 13775
I director, filed with	1. PLACE OF DEATH o. COUNTY  Dorchester    2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) b. COUNTY   Maryland   Dorchester   Maryland   Dorchester   Dorchester
death unera ld be	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge  c. LENGTH OF STAY IN 1b  Life  Cambridge
in the found and a found and a found a	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Cambridge Maryland Hospital  d. STREET ADDRESS ON A FARM? YES NO 20
4 2-	3. NAME OF DECEASED Lost Lost 4. DATE Month Day Year OF DECEASED Walter Joseph Cornish Dec. 26. 1960
ed within 2 pletely fille irs. Poges	S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   1   1   1   1   1   1   1   1   1
execute and com on pape death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Laborer  Laborer  Laborer  Laborer  Laborer  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  Laborer  USA
cornion officer	13. FATHER'S NAME  William Cornish  Eva Cornish
	Is. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. of unknown)  No  17. INFORMANT  Address  214-07-8371  Jehu Wilson, Cambridge, Md.
e death ce ottending n please n t within 72	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Cerebral Vascular Hemorrhage  7 days
that the by the it. The yeven	Conditions, if ony, which ) (b)
requires ion: in signed nsit perm and in o	gave riso to immediate cause (a), stating the under-lying couse last.
physicions been interest and physicions been interest and physicions in	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH
IAN: Trending ificate but the but	
PHYSIC al ar al this cert r use as emation	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While of work of all work of locations and work of locations and work of locations and work of locations and locations are locations and locations and locations are locations are locations are locations and locations are locations and locations are locations are locations. In the location are locations are locations are locations are locations and locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations are locations. In the location are locations are locations are locations are locations are locations are locations. In the location are locations are locations. In the location are locations a
NDING e hospit : After ched fo uriol, cr	21. I certify that I ottended the deceased from <u>December 29, 60</u> , to <u>Dec. 26</u> , 1960, that I last saw the deceased alive on <u>December 28</u> , and that death occurred at <u>8</u> AM, from the causes and on the date stated above.
be deto	ACTUAL SIGNATURE M.D. 227 Pine St., Cambridge, Md. 12-30-
TAL O AL Authorid rrar pri	PHYSICIAN'S J. Edwin Fassett, M.D.
HOSP ioy be roge 3 oge 3	220. BURIAL CREMATION, PEMOVAL (Specify) Burial  220. Date thereof 220. NAME OF CEMETERY OR CREMATORY Cambridge. Marvland
VS A15 (4) 15M 9/SS	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  AND 3 '61  ATTHUR & THURK

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

- COC	TE OF DEATH		
	C. Duranting	AND DESCRIPTION OF THE RESIDENCE	
	Cambridge	To the state of th	
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	and the All Carl		
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	and a finished to a report of the second and the se		
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# uneral director, TTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 ian and campletely filled in by carban papers. Pages 1 and 2 strate, death. may be retain by the haspital at attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave get the registrar prior to burial, crematian, at remaval, and in any event within 72 haurs of the TO HOSPITAL

VS A1S (4) 1SM 9/S8

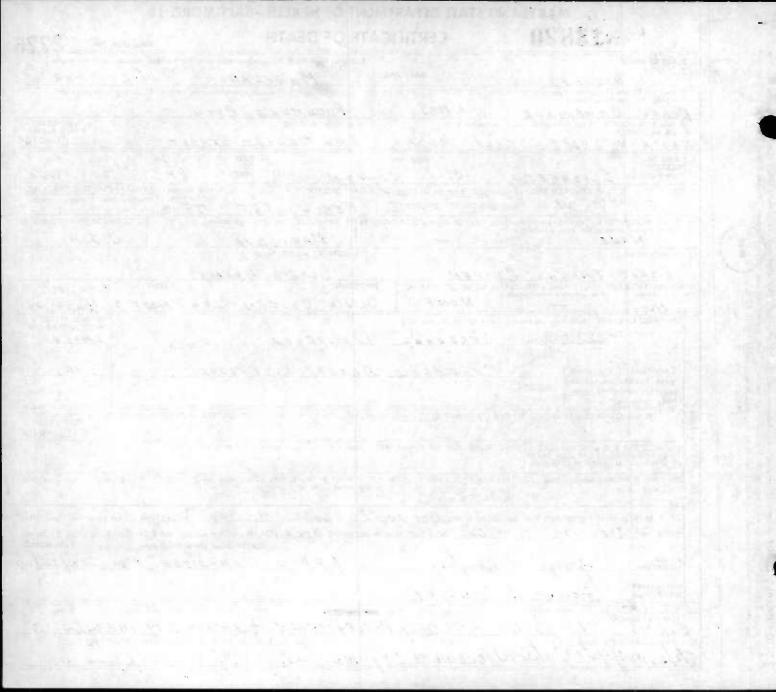
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13820

**CERTIFICATE OF DEATH** 

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	2.3	· C.	4	H

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived. If ins b, COU		before admission)
JORCHESTER	MARYLAND	1.4	LAND	WORE	ESTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, w	rite RURAL and give	nearest town)
RURAL CAMBRIDGE	2 Mos.	POCOMOK	E CLTY	23	42-2
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
EASTERN SHORE STAT	-E HOSP.	206 MARA	ET STREE	7	YES NO Z
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Month	Day Year
(Type or print) ELIZABETH	C. Co:	STEN	DEATH D	EC,	20 1960
S. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	rears IF UNDER 1 Y	EAR IF UNDER 24 HRS.
F W WIDOW	ED DIVORCED	FEB 6, 12		yrs. Months Do	bys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEI	N OF WHAT COUNTRY?
NONE		MARYL	DND	U	. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
ISAAC THOMAS COS	TEN	OLIVIA	ABAMS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address	2 My, Mr.
Yes, no, or unknown] (If yes, give war or dates of service)	NONE	DLIVIA COST	EN 2061	YARKET ST	. Poromore
18. CAUSE OF DEATH [Enter only one couse per lin			,		INTERVAL SETWEEN
DART I DEATH WAS CAUSED BY		JEMORRAGE			2 MOS +.
3 3 1 X IMMEDIATE CAUSE (o) DUE TO	EKBRAL	TEMORKALE			21703 +.
	7	1			3 YR5.
gove rise to immediate	EREBRAL	AKTENIOSE	LEKUS 15		3 YRS.
couse (o), stoting the <u>under-</u> lying couse lost.					
(-)	CONTRIBUTING TO DEATH BUT	NOT PELATED TO THE TERMI	NAI DISEASE CONDITION	ALCIVENI INI PART 1	10 WAS ALITOPSY
IAN W O MER SIGNAL CONDITIONS	DOMINIOUNI TO BEATH DOT	THO REDATED TO THE FERMI	TAL DISEASE CONDITION	4 OIVEIN IN TAKE I	PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESI	CRIBE HOW INJURY OCCURRED	) (Enter nature of injury in E	Port Lor Port II of item 18	1)	YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIDE FIOW HOOK! OCCORNE	. (Eller notote of injery in t	311 7 31 7 31 7 7 31 7 1 31 7 1 3	···	
		CE OF INJURY (Home, form tory, street, office bldg., etc.	, 20f. (City or town)	(Cou	inty) (Stote)
Hour o. m. 19 While of wor	IAOI MIIIE	iory, sireer, orrice orag., erc.	1		
21. I certify that I attended the deceas	ed from Oct 20	10 60 to	DEC 20 10	Gathat I last	saw the deceases
-	Le, and that death				
dive dii, 1/2_	Jegan, and mar deam		ADDRESS (Street, city or t		DATE SIGNED
ACTUAL CARROLL 6/ 6		M.D. RFD 2			12/2016
SIGNATURE Group H h	my my	w.b			
PHYSICIAN'S GEORGE H. L	LONGLEY				
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	HEREMATORY	22d. LOCATION (City, to	own, or county)	(State)
REMOVAL (Specify) BURIAL 12-23-60	PITS PREEK DA	ESBY FRIAN	PACAMAKE	nity ma	RULDAN
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'I	BY REGISTRAR 24b.	REGISTRAR'S SIGN	ATURE
Thenous the Vatson !	OCOMOKE CITY	MD. DATOEC	0 7 100	arthur & H	
A A TO	COMONE WIT	J /// WI DATE	-	June 74	ALLE .



TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certainty of the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded when Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar price. So burial, cremation. ar remayal. VS. A15ME(5)

5M 9/55

	MARYLAND ST	ATE DEPARTMEN	NT OF HEALTH-	-BAI	TIMORE,	18	
13821	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	Reg. Dist. N	ło.
of Brasia			0 1101111 0001001100 1111		1.41 1.41.4.4.		-

13777

1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (	Where deceas	ed lived. If institu	tion: Residence l	pefore admi	uion)
Dorchester MARYLAND O. STATE District of Columbia							
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside corp	porate limits, write	RURAL and give	nearest tov	vn)
Vienna - Rural	6 hours	Washin	eton		4	-7X	3
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pital, give street address)	d. STREET ADDRESS	5			e. IS RE	SIDENCE
Indiantown Road		211 Si	xth St	reet, S.	E.		NO 🔯
3. NAME OF First	Middle	Last	4. DATE OF	Month			ear
(Type or print) Archie	Leroy	Craver	DEATH	Decembe			9 60
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED   B.	DATE OF BIRTH	8 404	9. AGE (In years lost birthday)	IF UNDER TYEA	-	ER 24 HRS.
Male White WIDOWE	DIVORCED	ebruary 1,	1906	54 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote			12. CITIZEN		COUNTRY?
Electrician	Electrical	Greensbor			0.1	5.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN I					
Roy G. Craver		Martha S	usan F	lyers			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   (If yes, give wor or dates of service)		FORMANT		Address			
Yes WW II 5	78-24-4172 T	heodore G. C	raver,	Alexand	ria, Vi	rginia	Ł
1B. CAUSE OF DEATH [Enter only one cause per line					IN	TERVAL BETWE	EN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coronary Occlus	sion				Tnsta	
4-20. 1 DUE TO						2,200 00.	
Candillan It any out it							
gove rise to immediate couse							
(o), stoting the underlying DUE TO					DE		
(0)	NITRIALITANC TO DEATH BUT A	AT AFI ATER DA DIST.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	NIKIBUTING TO DEATH BUT N	OF RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(o)	PERFO	RMED?
						YES [	NO 🔯
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (En	iter noture of injury in Por	t I or Port II	of item 18.)			
3 20c. TIME OF INJURY Month, Day, Year 20d. 1		E OF INJURY (Home, form		or town)	(County)		(Stote)
20c. TIME OF INJURY Month, Day, Year 20d. I Hour a. m. While p. m. 19 of wa	Not while facto	ry, street, office bldg., etc	1				
21. I certify that I took charge of the		o hold on Autono	🗀 🕞			7 17	
		A COLUMN TO THE PARTY OF THE PA	_	spection [2],		, and f	and that
death resulted from Natural couses [	Accident [], Suic	ide [], Homicide	: ∐, Ur	determined c	ause [].		
ACTUAL SALES LOS	0-					DATE S	IGNED
ACTUAL SIGNATURE TOUS MA	rex.	M.D. CHIEF MEDICAL E	CAMINER -				0,1120
		ASSISTANT MEDIC	AL EXAMINE	2	70 -		
EXAMINER'S John Mace, Jr	•	DEPUTY MEDICAL	EXAMINER 2	9	Dec. 3	, 1960	
220. BURIAL, CREMATION, 22b. DATE THEREOF Dec. 7, 1960	22c. NAME OF CEMETERY OR CATLINGTON Nat	rematory Comete	22d. LOCAT	ON (City, town, o	37	(State	)
22 SUNISBAL DIDECTOR'S CICALATURE	ADDRESS		D BY REGIST		TRAR'S SIGNAT		
J.J. Framptom and Son, Feder	calsburg, Maryl	and					
		DATEDE	6' 80	0 0	Thun & The	ua	

ESCOTORIO DE LE EXAMINEROS CERTIFICATE OF DEATH . . . District the second of the Contract of the Con

VS A15 (4) 15M 9/58

1		13822	AND STA	CERTIFI		F HEALTI		MORE, 1	Reg. Dist. N	lo. 1377
1	1. PLACE OF DEATH o. COUNTY			MARYLAN	II o STA	TE		ived. If institution b. COUNTY		
		orchester				Some			Maryla	
	RURAL ond give	(If outside corporate lim nearest town)		ENGTH OF STAY IN				e limits, write RU	JRAL ond give	nearest tawn)
	Cambrio			rs.6mos.29			ield, Ma	aryland		
1	OR INSTITUTION	Shore State			d. ST	REET ADDRESS		1930	6-6	e. IS RESIDENCE ON A FARM? YES NO
U	3. NAME OF	Fi		Middle	11	Last	4. DATE	Montl	h	Day Year
	DECEASED (Type or print)		John		r	orman	OF DEATH	Decem		9 19 60
7	5. SEX	6. COLOR OR RACE		T NEVER MARRIED [			9.			AR IF UNDER 24 HRS.
9	Male	White	WIDOWED	DIVORCED		14-75		last birthdoy) 85 yrs.	Months Day	
		ON (Give kind of work	_				or fareian cour		12 CITIZEN	OF WHAT COUNTRY?
	during most of wo	rking life, even if retired	)	0, 505,,4255 0		-1 -3	a a a a a a a a a a a a a a a a a a a	,,		
	13. FATHER'S NAME	rman			114.440	Maryla			U	S.A.
	13. FATHER 3 NAME									
		Dorman				ladeline	Batche			
)	15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR If yes, give war or dates of s		AL SECURITY NO.	INFORMAN			Addre		
		<b>40-44</b>			astern	Shore S	tate Hos	spital r	ecords	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	0	(a), (b), and (c).]	orrhage		500		0	NTERVAL BETWEEN NSET AND DEATH
	Conditions, if gove rise to couse (o), stoting	immediate Dus To	Ger	neral Arte	rioscle	rosis				Unknown
1	lying couse fost	. (c	)							
-	PART II. OT	HER SIGNIFICANT CON	DITIONS CONTR	RIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERM	INAL DISEASE (	CONDITION GIVE	EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO X
	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter no	sture of injury in	Part I or Port II	of item 18.)		The live
	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Ye	While	OCCURRED 20e Not while of work		JURY (Home, farm , office bldg., etc		r tawn)	(Coun	(Stote)
	ACTUAL SIGNATURE	hat I attended the 2-29 Thore De- ttore De-Fil	File	ippin	ath accurre	d arlish2P	M, fram the ADDRESS (Street	e causes and et, city or town, s ate Hosp	d on the do	aw the deceased the stated above DATE SIGNED
	220. BURIAL, CREMATION CONTROL (Specify	JAN. 1,19		NAME OF CEMETER	_		22d. LOCATIO	ON (City, tawn, a	r county)	(State)
	23. FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS	,	240. REC	D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGNA	TURE
1	BRADSHA	w + Sons.	CRIS.	FIELD.	Mo.	DATE	N 4 '61	Clat	hun 8 Km	u.A

Matern Dor State Hospital

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Sarteir Shore State Headital recents

57 12-29 60 11-0

Cambridge, Maryland

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D. P. Jaffeltine DateBer

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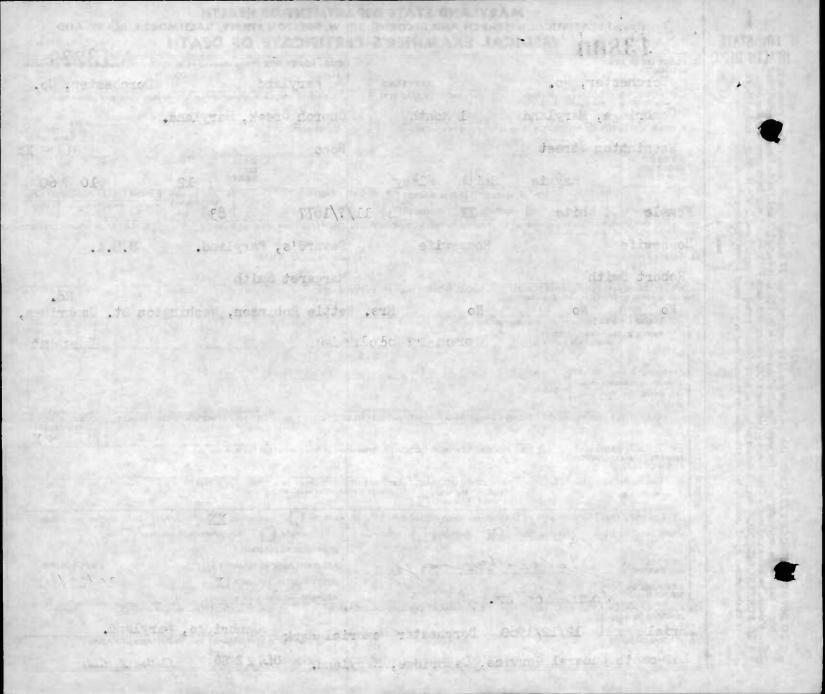
MDICEO OF A

Interest state stone prefers

attors Defilippis, H.D.

The state of the s

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FOR STATE NFALTH DEPT Office 10 asse execute the certificate, writing the word "pending should be forwarded to the Chief Medical Examiner FUNERAL DIRECTOR: Page 3 should be used as cremation, 240 g VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admission) a. COUNTY b. COUNTY Wicomoco Dorchester MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Near. Cambridge years Salishurv d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Eastern Shore State Hospital 608 N. Pinehurst Ave. YES NOT 3. NAME OF Middle DECEASED (Typa or print) Scarff DEATH December Lith. 196010 Nettie Emmoor 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) Female White WIDOWED I# 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Maryland own home Retired . House work 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Burton 1st name unknown. Kirby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yes give war or detes of service) Records, Eastern Shore State Hospital Inknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Terminal Broncho-pneumonia IMMEDIATE CAUSE (a) (h) Arterio sclerotic Cardio-vascular renal disease Conditions, if any, which gava rise to immediata causa DUE TO With congestive failure - - -(c) Arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Fracture of neck of left femur, 6/30/60 NO F 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) Deceased slipped and fell to the floor fracturing left femur 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) E. S. S. HospitalNr. Cambridge, Dorchester, Md. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection # Inquiry # and in my opinion death resulted from: Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Eldridge H. Wolff, M. D. Cambridge, Mdess (Street, city, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) BURIAL 12-6-60 Waugh Methodist Cemetery Glen Arm, Md 23. FUNERAL DIRECTOR 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE

DATEDEC 6

Onthun & Kraus

William Cook, Inc. m 1217 St. Paul Streeet

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) ssc. ector. 1 your files. f Health, o. COUNTY Dorchester b. COUNTY Wi comico MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give negrest town) Cambridge 2 vrs Salisbury d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? E.S. State Hospital 102 Van Buren St. YES NO State death. retaine NAME OF Middle DATE Month John Charles Gochnour 1960 (Type or print) DEATH 72-10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER LYEAR IF UNDER 24 HRS. Months Hours WIDOWED TO Male Whi te DIVORCED [ 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? and Marylank Osterburg Pa. Farm machinery Salesman pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NAMES Margaret Wyant MIN OF THE PARTY O Moses Gochnour File 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Records E.S.S.Hosp. Cambridge, Md. [Yes, no. or unknown] lif yes give war as dates at service No 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: Coronay occlusion Instant IMMEDIATE CAUSE (0) Office DUE TO Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying ă couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS, WAS AUTOPSY PERFORMED? Medical NO TI Pe 20a, EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) should 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) White Not white d m N/A Drige of work of work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 7. Inquiry and in my DIRECTOR opinion death resulted from: Natural causes 7, Accident 7, Suicide . Homicide . Undetermined manner DATE SIGNED designated ACTUAL SIGNATURE 12/10/60 ASSISTANT MEDICAL EXAMINER FUNERAL EXAMINER'S John Mace Jr. Cambridge, Md. 12/10 NAME (Type) DEPUTY MEDICAL EXAMINER 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 6 Dec 13.1960 Parsons Cemetery Salisbury, Maryland 0 23, FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR Cirilian S. Frank

SALISBURY MARYLAND

DATEC 1 3 '60

VS. A15ME 5M 2/57

HOLLOWAY & COMPANY

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution; Residence before admission) of Health, a. COUNTY Page b. COUNTY rector. Pas Dorchester . ( Dorchester, Co. MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits. c. CITY OR TOWN (If oulside corporale limits, write RURAL and give naeres c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cambridge, Md. Life Cambridge, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) a. IS RESIDENCE ON A FARM? State | be retained Bay View. Ave.. YES NO Bay View, Ave and 3 to the fune death. 3. NAME OF Middle Month Day Yner DECEASED the DEATH (Type or print) 'in pencil in Item 18. Give Pages 1, 2, and 3 to 18 Office along with form RM3. Page 5 may be r burial-transit permit. File pages 1 and 2 with the moval, and in ady event within 72 hours after 19 Harry Handy 9. AGE (In years HE UNDER THEAR IF UNDER A GRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Davs Months 68 WIDOWEDYY DIVORCED White /29/1892 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired) U.S.A. Custodian Custodian Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel B. Handy 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Hurlock Address Matyland. Mr. Harry Handy Jr. Hambrooks Blyda Cambridge 218-05-1297 18. CAUSE OF DEATH [Enter only one cause par line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion Hn IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immediate cause "pending" please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's O FUNERAL DIRECTOR: Page 3 should be used as a or its designated agent, prior to burial, gremation, or rer DUE TO (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Month, Dey, Yeer (State) fectory, streat, office bldg., atc.) While Not While Hour a.m. at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy X Inspection Inquiry and in my opinion agent, Natural causes K Accident Suicide Homicide Undetermined manner death resulted from CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 12/15/60 DEPUTY MEDICAL EXAMINER DEPUT John Jace Jr. NAME (Type) Addrass (Streat, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) 22a, BURIAL, CREMATION. 22b, DATE THEREOF REMOVAL (Specify) Cambridge, Maryland. OH Burial Park 23. FUNERAL DIRECTOR VS. A15ME DEC 2 2 '60 Chilling & Know Le Compte Funeral Service, Cambridge, Maryland, DATE 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

HEALTH DEPT

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VS A1S (4) 1SM 9/58

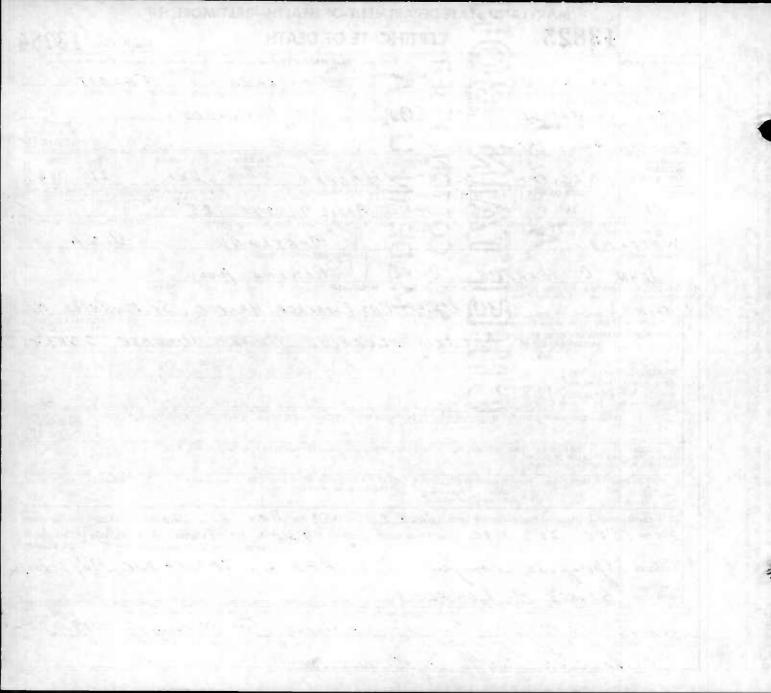
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13825

**CERTIFICATE OF DEATH** 

13784 Reg. Dist. No.

	o. COUNTY			ARYLAND	a. STATE	(Where deceased live	d. If institution: b. COUNTY	Residence before	e admission)
	2	OROESTE	K			YLAND		TALBO	T
	b. CITY OR TOWN	(If autside carporate limits nearest tawn)	c. LENGTH OF ST	TAY IN 16	c. CITY OR TOWN	(If autside carporate l	imits, write RURA	AL and give near	rest tawn)
	RURAL 1	CAMBRIDGE	- 2 YR 5 5	703	57.	MICHAR	1.5		
	d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give	re street oddress)		d. STREET ADDRESS		. 30.		ON A FARM?
	EASTERN	SHORE ST	ATE HOSP.	333		1	SOX	2	YES NO IN
	3. NAME OF DECEASED	First			Last	4. DATE OF DEATH	Month	Day	
	(Type or print) 5. SEX	WILLIAM			TARPER		DEC.	2/	19 GC IF UNDER 24 HRS.
	J. SEA		7. MARRIED NEVER MA		B. DATE OF BIRTH	y. A		onths Days	Hours Min.
	//			RCED 🗌	APRIL 7,	1875 8	5 yrs.		
	during most of wo	ION (Give kind af wark do rking life, even if retired)	one 10b. KIND OF BUSINES	S OR INDU	TRY 11. BIRTHPLACE (SE	ate ar fareign cauntry	/)	12. CITIZEN OF	WHAT COUNTRY?
	WATER	MAN			MAR	YLAND		0,5	, A.
	13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME			
	JOHN	C. HAR	PER		Row	ENA AU	40		
	15. WAS DECEASED EV	ER IN U. S. ARMED FORC		NO. II	NFORMANT		Address		
1	UNKNOWN	(ii yes, give war or oures or ser	218-34-90	54 MA	3 FLORENCE	5 HADOR	P 5-	MICHA	F13 MO.
		ATH   Enter only one cou	se per line for (o), (b), and		2 1 BURE INC.	MARK			RVAL BETWEEN
		ATH WAS CAUSED BY:	4			11	7	ONS	ET AND DEATH
	14	IMMEDIATE CAUSE (o)_	ARTERIO	SCL	EROTIC	MEART	VISE	75E 6	yRs+1
31	150	DUE TO							
	Canditians, if a								
	cause (a), stating								
	lying cause last.	(c)_	THE LOCATION						
91	O PART II. OT	HER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE CO	NDITION GIVEN	IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED?
21	PART II. OT								YES NO
3	20a. ACCIDENT W	AS UNDERLYING 2	206. DESCRIBE HOW INJURY	YOCCURRE	). (Enter nature of injury	in Part I ar Part II a	item 18.)		
		G CAUSE OF DEATH							
	20c. TIME OF INJU Haur a.m.	RY Manth, Day, Year	20d. INJURY OCCURRED		CE OF INJURY (Hame, f		own)	(County)	(State)
	Haur a.m.	19	While Not while at wark at wark	fac	tory, street, affice bldg.,	etc.)			
			1	1		77			
	21. I certify t	hat I attended the	deceased fram. <u>UU</u>	LY	, 19 <u>5</u> 9_, ta_	VEC 21	, 19@0,the	at I last saw	the deceased
	alive on	EC 20	, 19 <u>60</u> , and th	nat death	occurred at 4:30	AM, fram the	causes and	an the date	
			, ,			ADDRESS (Street,	city ar tawn, sta	te)	DATE SIGNED
- 1	ACTUAL SIGNATURE	George 14	homeling	44	M.D. RED	2, CA	MBRID	GE M	2 12/21
	/	1	,//					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/ /
	PHYSICIAN'S NAME (Type)	GEORGE H	LONGLE	= Y					
	220. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF C	EMETERY O	R CREMATORY	22d. LOCATION	(City, tawn, or o	county)	(State)
1	REMOVAL (Specify	1/2/1931	60 0411	67	CEMETERY	5-11	Viruna	1- 1	275
	23. FUNERAL DIRECTOR	S. SIGNATURE	ADDRESS	_/		EC'D BY REGISTRAR	24b. REGISTR	AR'S SIGNATUR	E
	Chit	6 1	8.115	m.		DEC 2 3 '60		of S. Kraw	
	1 (I) M	anucon 1	alley . IT.	11/10	AFLS MINDALE	APA F O O	-		



MARYLAND	STATE	DEPARTMEN	T OF HEALTH
N OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE 1, MARY

LAND 13802 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Dorchester, Co. b. COUNTY Maryland Dorchester. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge, Maryland. 1 Week Cambridge, Maryland. d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION Cambridge Maryland Hospital 815 Race, Street. YES NO XX 4. DATE Middle Month Year DECEASED Robert John Hubbard DEATH 12 (Type or print) 26 19 60 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 86 yrs. Months Doys Male White WIDOWED DIVORCED T 10a. USUAL OCCUPATION (Give kind af work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Farmer & Waterman Farmer& Waterman Dorchester, Co. Maryland U.S.A. 3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Hubbart Julia Spedden 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Mr. Curtis S. Hubbard, Cambridge. No No Maryland. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia days DUE TO 7 days (b) Cerebral hemorrhage Conditions, if ony, which gove rise to immediate DUE TO cause (o), stoting the under-(c) Hypertensive cardio-vascular-renal disease 1 yr. + lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Prostatic hypertrophy & partial urinary obstruction; duration unknown 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH None. 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (Stote) factory, street, affice bldg., etc.) While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram Dec. 19th. 160 ta Dec. 26th. 160, that (I)### last saw the deceased alive an Dec. 26th. 1960, and that death accurred at 2:00PM om the causes and an the date stated above. 220. SIGNATUR Dec. 28th.1960 SIGNED MED. DIRECTOR STAFF PHYS. 22c. PHYSICIAN'S 22d. ADDRESS 15 Locust st. Cambridge, Dorchester Co. Md. Eldridge H. Wolff, M. D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) 12/28/1960 Speddens Cemetery Cambridge, Maryland, 25h REGISTRAR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland, DATE JAN 3

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	De una seta		ed admiral	G (62)
and the	free to continue of a	estan Pronze		
	gelioend's Livia			
And the state of t	de de la	o"		

your file necess ector.

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age,	一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、一、	DL	71.	

TO DEPUT: EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the fune: 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File peges 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any event within 772 hours after death. VS. A15ME 5M 7/59

			والمستقل المستقل المست		
		MARYLAND	STATE	DEPARTMENT	OF HEALTI
ion	of STATISTICAL	RESEARCH AN	D PECORI	DS 301 W. PREST	ON STREET. B

Divis BALTIMORE 1, MARYLAND 13826 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13788

٠		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
1		Dorchester MARYLAND	o. STATE Maryland b. COUNTY Dorchester
		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	R	ural Galestown 4 months	Rural Galestown
/		d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
4		R.F.D. #3 Box275A Seaford Del.	R.F.D.#3-Box 275A Seaford, Drest NO
3		NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year
		(Type or print) Clarence John	
	5.	SEX 6. COLOR OR RACE 7. MARRIED A NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
		Male White WIDOWED DIVORCED	Nov. 25, 1924   Shirthdey) Months Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work and during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	40.	Diesetter Md. Plastics.	Inc. Delaware USA
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		Elmer Johnson	Mae Burtelle
/		WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	NFORMANT Address RT. 3 Bx. 275A
	(10	yes W. War II 216-11-9310	ae Belle Johnson Seaford, Del
	1	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Coronary occlusi	on onstant
		420 / DUE TO	MERCHANIS NAMED IN THE PROPERTY OF THE PROPERT
		Conditions, if eny, which \ (b)	
		geve rise to immediate cause	
H		(e), steting the underlying DUE TO	
	z	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)1 19. WAS AUTOPSY
0	9		PERFORMED?
		200. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED. (E.	nter neture of Injury In Part I or Pert II of item 18.)
	L CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	
	MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ory, street, office bldg., etc.)
	WE	p.m. 19 et work et work	
		21. I certify that I took charge of the remains described above, hel	d an Autopsy , Inspection X, Inquiry , and in my opinion
H		death resulted from: Natural causes X, Accident , Suici	de, Homicide, Undetermined manner
			CHIEF MEDICAL EXAMINER
		ACTUAL SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
1		EXAMINER'S To be a second of the second of t	DEPUTY MEDICAL EXAMINER 12/6/60
-		NAME Type John Mace Jr. M.D.	Address (Street, city, lown, or county)
	220.	BURIAL, COMMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
	- 24		Cemetery   Federalsburg, Car. Md.
		FUNERAL DIRECTOR ADDRESS AND Seaford, Del.	240. RECEISTRAR 246. REGISTRAR'S SIGNATURE
1	1 8	aynter L. Watson Seaford, Del.	DATE

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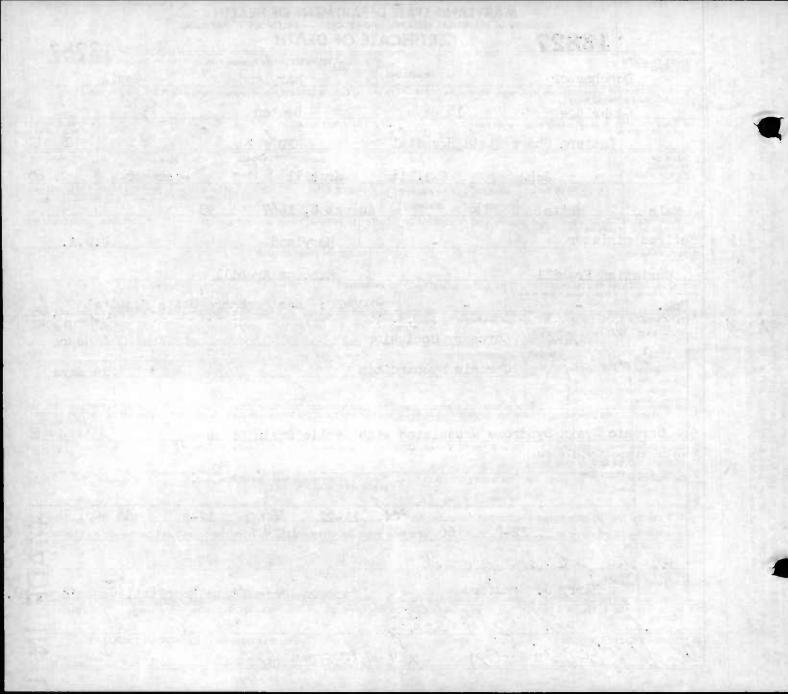
VR A15 (4)

15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13827 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before adm o. COUNTY b. COUNTY MARYLAND Dorchester Cecil b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 16 days Denton Cambridge d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Eastern Shore State Hospital First Middle Last 4. DATE Month Year DECEASED DEATH (Type or print) William Krabill 60 John December 19 IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Months WIDOWED F DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Retired minister U.S.A. Maryland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christian Krabill Rebecca Krabill 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address EasternShore State Hospital RECORDS: Unk. 18. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Coronary Occlusion 6 hours IMMEDIATE CAUSE (o' DUE TO Chronic Myocarditis Conditions, If ony, which 16 days gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome associated with Senile Brain Disease YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m Not while of work of work 1960 to 12-8 \_\_ 1960\_, that (4) (we) last \_ 19\_60, and that death accurred at 1:10 M, from the causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. MD PHYS. DIRECTOR -22c PHYSICIAN'S 22d. ADDRESS NAME (Type) Harry J. Crawford Eastern Shore State Hospital, Cambridge, Md. 23b. DATE THEREOF 23a. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE 25g, REC'D BY REGISTRAR Colling S. Thous



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TO DEPUTY AFFICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certain pie, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be	forwarded 15.70e Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.  10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar pric. 5 burial, cremation, ar remayal.
Pe d	ER.
m o	Per Ce
0 5	D F
10	70

1	1		13			STATE DEPART						18 Reg. Dist. 1	vo. 1. 2	1700
shauld b	A)	1, 4	LACE OF DEATH					2. USUAL RE	SIDENCE (W	Vhere decea	ed lived. If institu			dission)
0.4	)	L	Do:	rchester		MARYL	AND	a. STATE	Mary	land	b. COUNT	Y Caroli	ne	100
Page Page		b	. CITY OR TOWN (If ou and give nearest town)	tside corporate limits, write	RURAL	c. LENGTH OF STAY IN	N 16	c. CITY OF	TOWN (IF	autside cor	porate limits, write	RURAL ond give	nearest to	awn)
Ses Pos			Hurlock .			12 days			deral	sburg			0	- X
is ne		9			nat in has	pital, give street address)		d. STREET		No.				RESIDENCE
riles pr		2 1	Near Sh				-				tral Aver	nue	YES [	] NO [
y de heral raur gistre		-(	DECEASED Type or print)	First Georg	T A	Middle Frederi	clr	Lankf		4. DATE OF DEATH	Decen	_	4	Year 10 60
for y		5. S				ED WEVER MARRIED				DEATH	9. AGE IIn years	IF UNDER TYEA		9 6U ER 24 HR
= <del>+ 0 +</del>			Male	m m2	WIDOWED	46.50		une 11,			last birthday) 44. yrs.	Months Days	Haurs	Min.
death. 13 to etaine etaine with		10a	USUAL OCCUPATION	(Give kind of work do	ne 10b. K	IND OF BUSINESS OR IN						12. CITIZEN	OF WHAT	COUNTR
S, and and and a			uring most of working to Employee	Continent	al Ca	in Co., Hurlo	ck	Doro	heste	r Co.	, Marylan	d U.S	.A.	
urs of		13.	FATHER'S NAME				8-5	14. MOTHER'S						
5 2 0 0				. Lankford				Hat	tie C	annon				
Poge oge		15. (Yes,	WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give wor or dates of se-	rvice)	SOCIAL SECURITY NO.					Address	15.7		
Give	-		No			218-12-1824	re	rcy W.	Lankf	ord,	furlock,			
uted w nn 18. nrm PM permit			PART I. DEATH	Enter only one cause WAS CAUSED BY: MEDIATE CAUSE (a)	per line f		ido	sis				IN OI	rerval between the serval betwee	
th for			-2.60 X	DUE TO		Dia	bet	es Mell	litus				25 y	rs.
be will in all the			Canditions, if any, gove rise to immedia	which (b)										
hauld alang burik			(a), staling the und									-53		
ificate s ding" ir s Office sed as a	0	CERTIFICATION	PART II, OTHER	SIGNIFICANT CONDI	TIONS CO	INTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PART 1(a)	19. WAS PERFO YES []	AUTOPSY ORMED?
this cert aminer			20a. EXTERNAL CAUSE PRIMARY Gr CONTR CAUSE OF DEATH.	WAS 20b.	DESCRIBE	HOW INJURY OCCURR	ED. (En	ter nature of in	jury in Part	I or Part II	of item 18.)			Tr.
the war dical Ex e 3 shar		MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	20d. II While at war	Not while	PLACE	E OF INJURY (I y, street, affice	Home, farm, bldg., etc.)	20f. (City	or town)	(Caunty)		(Stale)
Pag P			21. I certify that	I taok charge	of the r	emains described	abav	e, held an	Autopsy	/   ,   Ir	spection ,	Inquiry [	7. and	find the
wri	4					Accident [],								
ale, or RECT	79		ACTUAL SIGNATURE	Jun	n	- 2			AEDICAL EX	<b>7</b>		10.5	DATE S	SIGNED
A PA D						1		m.D.		L EXAMINE	R 🗂			
DEPUTY of the central designation of the central			EXAMINER'S NAME (Type)	John	n Mac	e, Jr.				XAMINER D	_	Dec	4,	1960
cute forward TO FUN	0		BURIAL CREMATION, REMOVAL (Specify) Burial	Dec.8,196	0	22c. NAME OF CEMETER Hill Crest	Cen	netery		22d. LOCAT	ralsburg	or county) Maryla	(Stote	e)
VS. A15ME(5) 5M 9/55	P	23. I	J.Frampton	ignature and Son,	Feder	ADDRESS ralsburg, Ma	ryl	and	240. REC'D	EC 12		TRAR'S SIGNAT		

HYATO TO STADISHED & RIGHMAXS LADIOSAL GARDIN

# FOR STATE

TO DEPUTY. EDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay on necessary, please execut. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2, with the State Board-of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 Lady's after death. VS. A15ME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATIS	STICAL RESEAR	CH AND RECORDS,	301 W. PRESTON STR	EET, BALTIMORE	I, MARYLAND
13803	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE O	F DEATH	13789

1. PLACE OF DEATH  o. COUNTY  Dorchester  MARYLAND	a. STATE Ary		b. COUNT	Y	nce before edmission				
b. CITY OR TOWN (if outside corporata limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporate	limits, write	20000					
write RURAL and give nearest town)	12 Cambri	doe							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS				. IS RESIDENC				
209Pine St.	209 Pi				ON A FARM				
3. NAME OF First Middle DECEASED	Last	4. DATE	Month	Day	Year				
(Typa or print) Earl Brown	Mack	DEATH	Dec		19 60				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 2/11/1908	9. AG		Months Days	Hours   Min.				
Male   Negro   widowed   DIVORCED	-//	1 26	yrs.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratired)  Mechanic  Terage	Marylan	-			A .				
13. FATHER'S NAME	14. MOTHER'S MAIDEN								
Malicah Nack		. Hollar	id						
	INFORMANT		Address	1000					
(Yes, no, or unkown) (Ifyasgiva war or datas of servica) 217-30-7790	Irs. Sina C	ornish	Caml	bridge,	. 11d.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]					TERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPONARY OCCLU	sion		-		?				
DUE TO									
Conditions, if any, which (b) gave rise to immediate cause									
(a), stating the underlying DUE TO									
cause last, (c)									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?				
					YES NO				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTIONS CON	(Enter nature of Injury In Pa	rt I or Part II of item	18.)						
0	ACE OF INJURY (Home, far		wn)	(County)	(State)				
Hour a.m. While Not While 18	ctory, street, office bldg., et	c.,							
21. I certify that I took charge of the remains described above, I	neld an Autopsy	Inspection X	Inquiry	, and	in my opinion				
death resulted from: Natural causes X, Accident . Sui	icide , Homicide	, Undete	rmined ma	nner 🗍					
	CHIEF MEDICAL								
ACTUAL To the 21 - 1		DICAL EXAMINER	1	,	DATE SIGNED				
SIGNATURE	M.D.	AL EXAMINER PE	12/1						
EXAMINER'S NAME (Type) John Mace Jr. M.D.		city, town, or count	,	4/00					
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)		22d. LOCATION			(Steta)				
Burial 12/13/60   Old Field (	Jemetery	Church	Cree	k, Dor	· Ma.				
23. FUNERAL DIRECTOR ADDRESS		C'D BY REGISTRAR	24b. REGIS	STRAR'S SIGNAT	URE				
Herbert St. Clair Cambridge, Md	DATE	0.1.0.100		0 11					
	I PAILITE	C 1 9 '60	Cons	- S. Kim	A				

VR A15 (4) 15M 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH

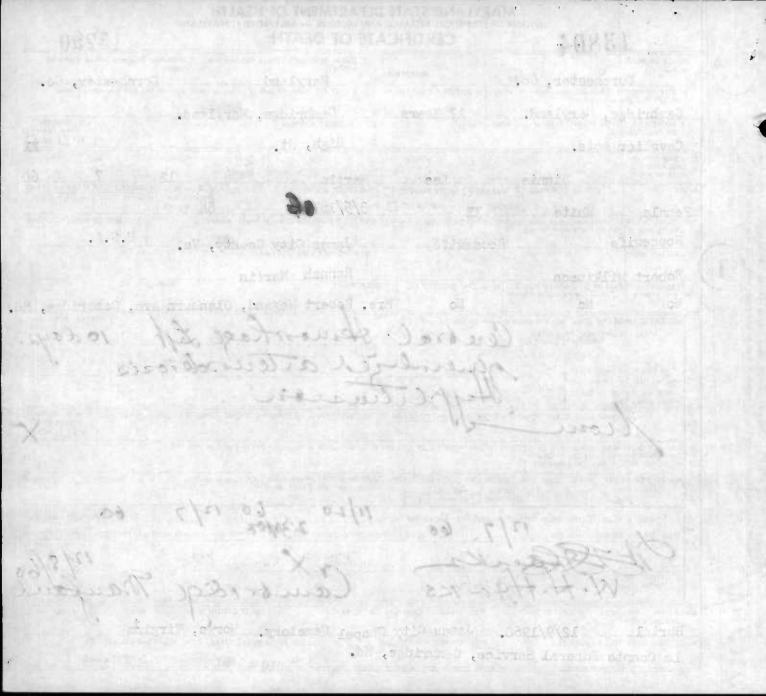
ORE 1, MARYLAND

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Chur S. Kraus

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIM
3804	CERTIFICATE OF DEATH

								600
1. PLACE OF DEATH o. COUNTY			2.	USUAL RESIDENCE (\	Where deceased I		n: Residence bef	ore admission)
	chester, Co.	MAR	YLAND	Marvla	nd	b. COUNTY	orchest	en Co
b. CITY OR TOWN (I	f outside corporate limits, v	vrite c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I				
Cambridge	. Maryland.	17 Year	s	Cambrid	ge Mary	land.		
d. NAME OF HOSPIT	AL (If not in hospital, give	street oddress)		d. STREET ADDRESS	809			e. IS RESIDENCE ON A FARM?
Cavalier	Ants.			High. St				YES NO.
3. NAME OF	First	Middle		Lost	4. DATE	Month	n' D	ay Yeor
(Type or print)	Minnie	Lee	M	artin	OF DEATH	12	7	19 60
S. SEX		MARRIED NEVER MARRI		ATE OF BIRTH	9.	AGE (In years	IF UNDER 1 YEA	R IF UNDER 24 HRS.
5	WI WI	DOWED DIVORCE		15/1870		lost birthdoy)	Months Doys	Hours Min.
Female	WILLE	10b. KIND OF BUSINESS O		11. BIRTHPLACE (Sto	to as foreign cour	74	12 CITIZENI C	F WHAT COUNTRY?
during most of work	sing life, even if retired)	Road Policy STREET	DK IIADOSIKI	II. BIKITIPLACE (SIG	ne or foreign cool	1117)		
Housewife		Housewife		James Cit	y County	. Va.	U.S.A	. •
13. FATHER'S NAME			1.	. MOTHER'S MAIDEN	NAME			
Robert Wi	lkinson			Hannah M	artin			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCES' (If yes, give wor or dates of service		). 17, <b>INFOR</b>	MANT		Addre	253	
No	No	No	Mrs.	Robert We	gand, Gl	enburn A	ve. Can	bridge. M
18. CAUSE OF DEA	TH [Enter only one cause	per line for (o), (b), and (c)		1/		A .	/ IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	and book	1 1	killon	theod	2 th		SET AND DEATH
33 .	DUE TO	CONTRACTOR OF THE PARTY OF THE	- 4		1	1991		The
73/		ml. on w	eno	1.00	Tonix	Dala-ra	_ ^	0
Conditions, if or	m mediate (D)	The contract of the contract o	5	-		scer o	LES	
couse (a), stating		The sho	- D		. 7			
lying couse lost	) (c)	19TY	Lice	Sie				
PART II OTH	IER SIGNIFICANT CONDIT	ONS CONTRIBUTING TO DE	ATH BUT NO	RELATED TO THE TER	MINAL DISEASE	CONDITION GIVE	N IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3 / 1	our	- 4"						YES NO
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206	DESCRIBE HOW INJURY O	CCURRED. (E	nter noture of injury i	in Port I or Port I	of item 1B.)		/-\
(IF EITHER, NOTIFY	MEDICAL EXAMINER)							
NO TIME OF INJUR	Y Month, Doy, Year	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, fo	orm, 20f. (City o	r fown)	(County	) (Stote)
20c. TIME OF INJUR Hour o. m.		While Not while	foctory	street, office bldg.,	etc.)		(200)	, (5:5:6)
₹ p. m.	- 17	ot work ot work	1	120	10.15	7/-	7.0	
21. I certify tha	t (1) (this haspital) a	trended the deceased		16	19ta	77		hat (I) (we) last
saw the deceas	ed alive an	1966, and	I that deat	h accurred at 2	M. fram th	ne causes and	on the dat	e stated above.
226. SIGNATURE	1920							22b. DATE
15	THERE	iks.	M.D.	ATTENDING PHYS	MED.	STAFF PHYS.		12/01/
22c. PHYSICIAN'S	1111			276. ABDRESS			CA	1,10
NAME (Type	Y. H. H	ANICS		Cam	brid	Cal	Mar	Race
23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEM	NETERY OR CR	EMATORY	23d. LOCATIO	ON (City, town, or	county)	(Stote)
REMOVAL (Specify)	12/9/1960	James Ci	ty Cha-	cel Cemete	rv. Nor	ge. Virg	rina '	
24. FUNERAL DIRECTOR'	S SIGNATURE	ADDRESS		25o. RF	C'D BY REGISTRA		RAR'S SIGNATI	JRE
Le Compte	Funeral Ser	vice, Cambrid	ige, Mo	DATE	see a '60	0.5	Lun S. Kra	MA



director,

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pup

physician

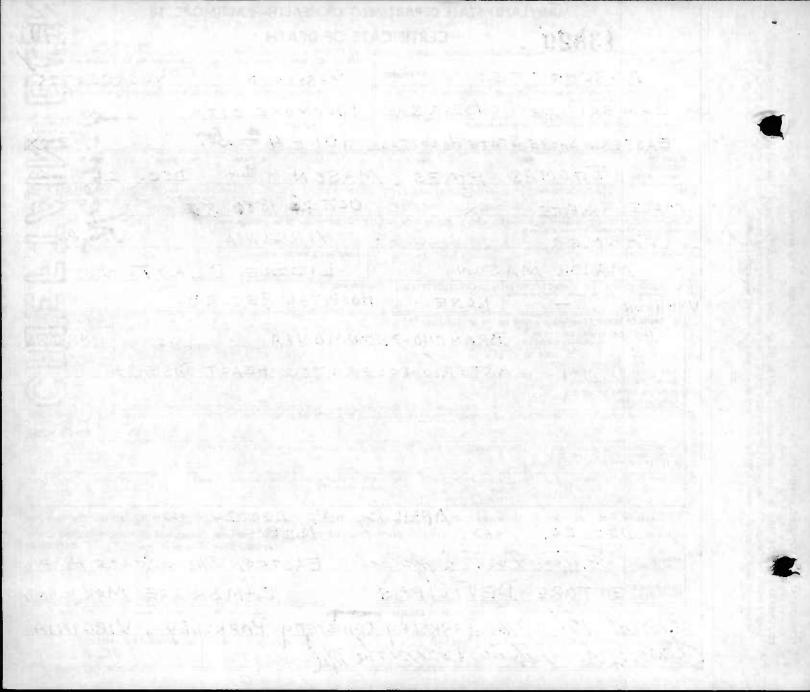
attending

gned

TO FUNERAL DIRECTOR

1SM 9/S8

24 haurs after death.



	13830 CERTIFICA	ATE OF DEATH Reg. Dist.	No. 1379
1	1. PLACE OF DEATH COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o. STATE b. COUNTY Caro.	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hurlock	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Preston	e nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Fisher Nursing Home	d. STREET ADDRESS	IS RESIDENCE     ON A FARM?     YES    NO 2
	3. NAME OF DECEASED (Type or print) Arthur John Messick	Losi 4. DATE Month OF DEATH Dec 24	Day Year 19 60
	S. SEX Male    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	July 24 1872 88 yrs. Months D	YEAR IF UNDER 24 HRS. Pays Hours Min.
	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Canner & Farmer  13. FATHER'S NAME		S
	Robert M. Messick	Caroline S. Willis	
		e Congestive Fortees	INTERVAL BETWEEN ONSET AND DEATH OUTS
	gave rise to immediate cause (a), stating the under lying couse last.  Z	Alerincle.05	254.3
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CLARA  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port II of item 18.)	PERFORMED?
	OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)		unty) (State)
	SIGNATURE Parey B Premier	n occurred of 2.3 A.M. from the couses ond on the ADDRESS (Street, city or town, state)  M.D. P. B. XI. 5.8 P. C. Street	st saw the deceased date stated above DATE SIGNEE
	PHYSICIAN'S HURLLE. 3. 194 MINOR  2200. BURLL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) BURLLAT  12/28/60  Spring Hil.		(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Md / DATE DEC 2 9 '60 Colling P	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A1S (4) 15M 9/SS

	HEARD TO ST	CERTIFICA	
X Tarrest Training		anazman .	THE RESERVE TO SHARE THE PARTY OF THE PARTY
			No. of the last of
			TELEPINE
			the Allendard or a
The state of the state of			
	V MCCCO VI COVIC CON		ALL AND EMPEROR
DATE OF THE PARTY			

FOR STATE HEALTH DEPT. ector. Page your files. TO DEPUTY SDICAL EXAMINER. This certificate should be executed within 24 hours after death. If any dehacing please executed the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to:

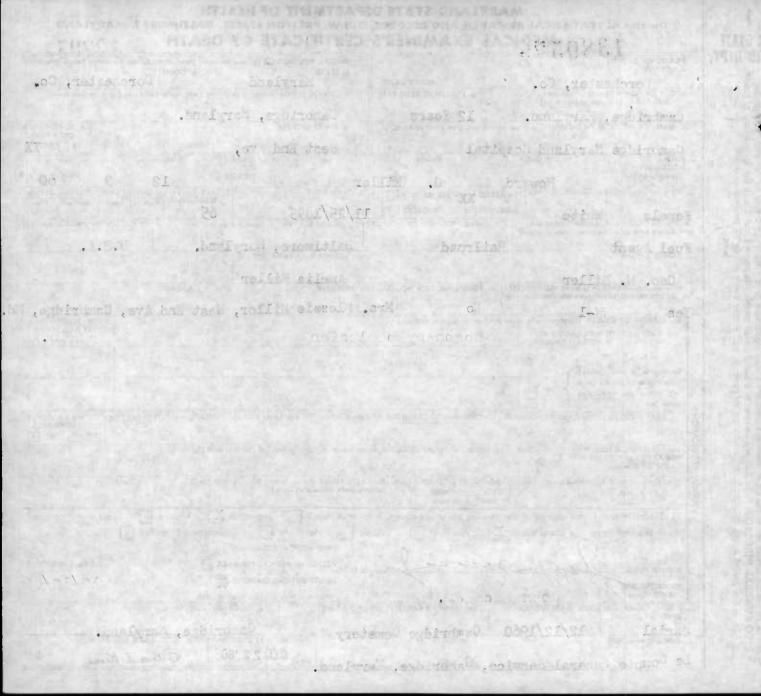
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		380 WEDI	CAL E	XAMIN	ER'S	CERTIFI	CAI	E OF D	EATH		13	793	
1.	PLACE OF DEATH	3.500			- 11		SIDEN	CE (Where decas	sed livad, If	institution:	Residenc	e bafore	dmission)
		ester, Co.		MARY	LAND	a. STATE	arvl	and	b. COUN	Doro	hest	ter.	Coa
	b. CITY OR TOWN (II	outside corporete limits, give neerest lown)	c.	LENGTH OF STA	Y IN 1b	c. CITY OR T	OWN (I	f outside corporal	iw illians, write	RURALan	d give n	earest tow	/n)
	Cambridge	Maryland.	ot in hospitel	2 Years	[220	d. STREET AL	ridge	e, Maryl	Land.			l e. IS RI	ESIDENCE
7						1	Th. 3	A					A FARM?
1	Cambridge NAME OF	Maryland Ho	spital	Middle	[]	West Last	End	AVE.	Month		Day	Yee	3644
	DECEASED (Type or print)							OF DEATH					
5.	SEX	6. COLOR OR RACE 7	d	G.	Mille	DATE OF BIRTH			GE (In yeers	LE UNDER	9 I YEAR	IF UNDER	60
					_	- 1 1-0			sst birthday)	Months	Days	Hours	Min.
10	Female . USUAL OCCUPATION	White	I 10b. KIND	DIVORCEI OF BUSINESS OR		1/25/18	95 E (Stata	or foreign countr	5 yrs.	12 CI	TIZEN OF	WHAT	OUNTRY?
do	one during most of wor	king life, even if retired)			II VOOTKI								CONTRI
13	Fuel Agent		Railr	oad		Baltim 14. MOTHER'S A	ore,	Marylar	id.		J.S.	A	
						IA. MOTHER 3 A	MIDEIA	INOME					
15	WAS DECEASED EVE	FINUS. ARMED FORCE	S?   16 SOC	IAL SECURITY NO	0   17   18	Ameli	a Mi	ller	Address				
(Y-	es, no, or unkown) (If	yes give weror detas of serv	ica)										
-	Yes CAUSE OF D	Wall EATH (Enter only one ca	No	or (a) (b) and (a	Mrs.	Flossi	e Mi	Ller, We	est End	d Ave	, Ca	mbric RVAL BET	lge, M
		WAS CAUSED BY:		ronary		Jusian						SET AND I	DEATH
	114	MMEDIATE CAUSE (e)	00	or origin y	000	TUBTOIL						) Mi	11.
	420	DUE TO											
	Conditions, if any,												
	(a), stating the un	DI BLIE TO											
	cause lest.	) (c)_											
NO	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIB	UTING TO DEATI	H BUT NOT	RELATED TO THE	TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PAR	T 1(e)   19	PERFO	UTOPSY RMED2
3											Y	ES 🗍	NO E
CERTIFICATION	2Da. EXTERNAL CAPRIMARY ☐ or CONCAUSE OF DEATH.		DESCRIBE H	OW INJURY OC	CURED. (En	ter nature of injur	y In Part	l or Part II of ite	m 18.)				13
	20c. TIME OF INJUR	Y Month, Dey, Yeer	20d. INJU	RY OCCURRED	20e. PLAC	E OF INJURY (Ho	ma, ferm	, : 20f. (City or	town)	(Co.	inty)		(State)
MEDICAL	Hour a.m.		While et work	Not While	factor	ry, street, office bl	dg., atc.	)					
2	21 Y contifer the	at I took charge of			ove heli	d an Autonou		Inspection K	]. Inquir				-1-1-
		om: Natural caus	****	Accident ,	Suicio		nicide				7	in my o	рипоп
	dealli lesulled li	OIII: I Valui ai Caus	G2 4-1, ,	Accident [_],	_ Juicic				ermined m	anner [			
	ACTUAL		0		)			XAMINER					
ti	SIGNATURE	Julia	in	7		M.D.		CAL EXAMINER			7	ATE SIG	11.
	EXAMINER'S NAME (Type)	John	Mace	Jr.				EXAMINER TO	nly)		1	.2/12	2/60
22	REMOVAL (Specify)	N. 226. DATE THEREOF	22c.	NAME OF CEM	ETERY OR			22d. LOCATION		, or country	1)	(State	0)
-	Burial	12/12/190	50 Ca	mbridge	Ceme	tery	4- 000	Cambr	idge	Maryl	and.	D.F.	
	FUNERAL DIRECTOR			ADDRESS -		2			100				
	Le Compte	Tuneral Ser	rice,	ambridg	11	ryland.	ATE DE	C 2 2 '60	1 a	ribur S.	Than	A	



ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page 4

funeral director, lould be filed with

# MARYLAND STATE DEPARTMENT OF HEALTH

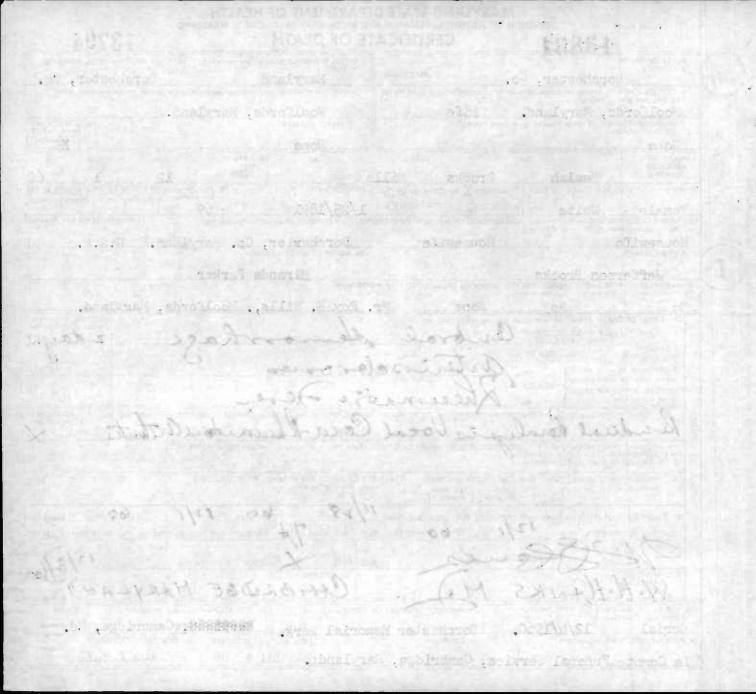
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

PLACE OF PATH   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate limit, write   C. ENGTH OF STAY IN 1b   C. CONTON (If outled copporate	13831	CERTIFICAT	IE OF DEATH		13794
Dorchester, Co.  MARYLAND  Maryland  Dorchester, Co.  MARYLAND  Dorchester, Co.  EUROH 10 First with a clentified start in b clentified by the control form of the con					n: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give incorest fown)  WOOL OTORS. Maryland.  d. NAME OF LOSSITAL (If not in hospital, give street address)  None	Dorchester. Co	MARYLAND			Dorchester. Co.
Vocable   Voca	b. CITY OR TOWN (If outside corporate limits,		c. CITY OR TOWN (If outs		
d. STREET ADDRESS  OR INSTITUTION NONE  STREET ADDRESS  OR STREET ADDRESS  OR A FARMOTTES STREET OR A FARMOTTES STRE		Life	Woolford	s. Maryland.	
None	d. NAME OF HOSPITAL (If not in hospital, give	street address)	d. STREET ADDRESS		e. IS RESIDENCE
DECASED (Type or pinit)  S. SEX  S. COLOR OR RACE  T. MARRIED M. NEVER MARRIED  NORCED  10. DATE OF BIRTH  P. AGE (In your include included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. DATE OF BIRTH  P. AGE (In your included)  10. CONTRIBUTING INCLUDED)  PART II. DATE SIGNIFICAL CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFATOR Included Included He decosed from Included He decosed form Included He decosed from Included He decosed from Included He de			None		
Type or print    Beulah   Brooks   Mills   DEATH   2   1   9 60	3. NAME OF First	Middle	Last 4		h Day Yeor
Pemale   White   WIDOWED   DIVORCED   1/25/1891   Solid birthdoy)   Months   Doys   Months   Months   Doys   Months   Month	48	Brooks Mills	3		1 19 60
Divorces   Total   T	5. SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED 8	B. DATE OF BIRTH		
HOUSEWIFE  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. MAS DECASSED VER N. U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  NO  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY:  MIMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoling the under couse (b), stoling the under couse (b), stoling the under couse (c).  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO DEATH BUT NOTSELATED TO THE FRANINA DISEASE CONDITION GIVEN INTEREST 1(a) 19. WAS AUTOPSY PERFORMED?  YES ON PERFORMED.  YES ON PERFORMED.  YES ON PERFORMED.	Female White w	IDOWED DIVORCED	1/25/1891		monins Days Hours Min.
Housewife  J. FATHER'S NAME  JEfferson Brooks  1s. WAS DECASED EVER IN U. S. ARMED FORCES? (No. 70.0 or intrinsel)  In the standard of the sta	10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   16. NO   16. NONE   17. INFORMANT   18. CAUSE OF DEATH   Enter only one couse og line for (o). (b). and (c).   18. CAUSE OF DEATH   Enter only one couse og line for (o). (b). and (c).   18. CAUSE OF DEATH   MAS CAUSED BY   18. MANDELATE CAUSE (o)   18. CAUSE OF DEATH   MAS CAUSED BY   18. CAUSE OF DEATH		Housewife	Dorchewter.	Co. Maryland	U.S.A.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (ich. no. or unimposite of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (ich. no. or unimposite of service)  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Jefferson Brooks		Mirand	a Parker	
No None Mr. Roy B. Mills, Woolfords, Maryland.  18. CAUSE OF DEATH [Enter only one couse page line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the under lying couse lost.  PART II. DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMACE?  YES NEW 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMACE?  YES NEW 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMACE?  YES NEW 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMACE?  YES NEW 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMED?  YES NEW 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERMITTAND DISEASE CONDITION GIVEN INTERT 1 (o) 19. WAS AUTOPSY PERFORMED?  YES NEW 20. CITED TO THE TRANSPORT OF THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED?  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED?  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED?  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NOT THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERFORMED.  YES NEW 20. CITED TO THE TRANSPORT INTERT 1 (o) 19. WAS AUTOPSY PERF	15. WAS DECEASED EVER IN U. S. ARMED FORCES	S? 16. SOCIAL SECURITY NO. 17. IN			ess
18. CAUSE OF DEATH [Enter only one couse per line for (o). (b), and (c).]  PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (o)   DUE TO		A	Roy B. Mills	Woolfords.	Maryland.
DUE TO  Conditions, if any, which gove rise to immediate couse (a), stoling the under-lying couse lost.  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TRANSINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?			ſ		INTERVAL BETWEEN
DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse last.  PART II. OTHER SIGNIFICATI CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TRYLINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NOOP OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ON CONTRIBUTION	PART I. DEATH WAS CAUSED BY:	Central	Stemos	rhace	
gove rise to immediate couse (a), stoting the under-lying couse lost.    Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING, TO DEATH BUT NOTRELATED TO THE TRYBINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT Y	271.1	1 -	4	X	1
gove rise to immediate couse (o), stoling the under-lying couse lost.    Part II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH BUT NOTRELATED TO THE TRYMINAL DISEASE CONDUTION GIVEN IMPART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW 120. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   (If EITHER, NOTIFY MEDICAL EXAMINER)   200. TIME OF INJURY Month, Doy. Year   200. INJURY OCCURRED. While of work   19. C. Time of Injury in Port I or Port II of item 18.)  20. TIME OF INJURY Month, Doy. Year   200. INJURY OCCURRED. While of work   19. C. Time of injury in Port I or Port II of item 18.)  20. TIME OF INJURY Month, Doy. Year   200. INJURY OCCURRED. While of work   19. C. Time of injury in Port I or Port II of item 18.)  21. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time of injury in Port I or Port II of item 18.)  22. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time of injury in Port I or Port II of item 18.)  23. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time of injury in Port I or Port II of item 18.)  24. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time of injury in Port I or Port II of item 18.)  25. PAYSICIAN S.   19. C. Time of injury in Port I or Port II of item 18.)  26. PAYSICIAN S.   19. C. Time III of item 18.)  27. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time III of item 18.)  27. I certify that (I) (this hospital) attended the deceosed from.   19. C. Time III of item 18.)  28. BURIAL CREMATION,   23b. DATE THEREOF   25c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town, or county)   (Stote)   19. C. Time III of item 18.)	Conditions, if any, which )	arterine	las orsies		0
Iying couse lost.   (c)	gove rise to immediate	(1)			
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m.  21. I certify that (I) (this hospital) attended the deceosed from.  21. I certify that (I) (this hospital) attended the deceosed from.  22. PHYSICIAN S  22		Theremas	to ter	فر	
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of twork of two	PART II. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT	NOTRELATED TO THE TERMIN	AL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of twork of two	3 Kendical Koral	isis Vocal	Card-Rhei	metallh	
20c. TIME OF INJURY Month, Doy, Year 19 20d. INJURY OCCURRED While of work of twork of two	200. ACCIDENT WAS UNDERLYING 1 20	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	rt I or Port II of item 18.)	
21. I certify that (I) (this hospital) attended the deceosed from 19. Co. to 19. Co. thot (I) (we) last saw the, deceased olive an 19. Co. and that deoth occurred of 4. M, from the couses ond on the dote stated obove.  220. STAFF PHYS. Co. DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. Co. NAME (Type)  221. I certify that (I) (this hospital) attended the deceosed from 19. Co. No. (I) (we) last saw the, deceased olive an 19. Co. and that deoth occurred of 4. M, from the couses ond on the dote stated obove.  221. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR SIGNATURE  222. PHYSICIAN S. NAME (Type)  223. BURIAL, CREMATION, REMOVAL (Specify)  234. BURIAL, CREMATION, REMOVAL (Specify)  235. DATE THEREOF DORCHESTERY OR CREMATORY  236. LOCATION (City, Iown, or county) (Slote)  237. SIGNATURE  238. BURIAL, CREMATION, REMOVAL (Specify)  239. DATE THEREOF DORCHESTERY OR CREMATORY  230. LOCATION (City, Iown, or county) (Slote)  240. FUNERAL DIRECTOR'S SIGNATURE  250. REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
21. I certify that (I) (this hospital) attended the deceosed from 19. Co. to 19. Co. thot (I) (we) last saw the, deceased olive an 19. Co. and that deoth occurred of 4. M, from the couses ond on the dote stated obove.  220. STAFF PHYS. Co. DIRECTOR STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. Co. NAME (Type)  221. I certify that (I) (this hospital) attended the deceosed from 19. Co. No. (I) (we) last saw the, deceased olive an 19. Co. and that deoth occurred of 4. M, from the couses ond on the dote stated obove.  221. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR DIRECTOR SIGNATURE  222. PHYSICIAN S. NAME (Type)  223. BURIAL, CREMATION, REMOVAL (Specify)  234. BURIAL, CREMATION, REMOVAL (Specify)  235. DATE THEREOF DORCHESTERY OR CREMATORY  236. LOCATION (City, Iown, or county) (Slote)  237. SIGNATURE  238. BURIAL, CREMATION, REMOVAL (Specify)  239. DATE THEREOF DORCHESTERY OR CREMATORY  230. LOCATION (City, Iown, or county) (Slote)  240. FUNERAL DIRECTOR'S SIGNATURE  250. REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, form,	20f. (City or town)	(County) (State)
saw the, deceased olive an	nour o. m. p. m.	TALLUE LADI WILLIE	. /		Action to the second
saw the, deceased olive an	21. I certify that (I) (this hospital) of	attended the deceased from	1/28 196	010 12/1	1960 that (1) (we) last
22c. PHYSICIAN'S DIRECTOR STAFF PHYS. 22b. DATE SIGNED  22c. PHYSICIAN'S DIRECTOR STAFF PHYS. 22c. PHYS. 22d ADDRESS  22d	1 1 1 1 1 1	1 1	~ /		
22c. PHYSICIAN'S PHYS. DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTOR DIRECTOR PHYS. DIRECTOR D		/ and that de	4	,	22b. DATE
22c. PHYSICIAN'S  22d. ADDRESS  ACC BRIDGE MARY AM  23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  24. FUNERAL DIRECTOR'S SIGNATURE  22d. ADDRESS  22d. ADDRESS  22d. ADDRESS  23d. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify)  Dorchester Memorial Park  ADDRESS  25c. REC'D 89 REGISTRAR'S SIGNATURE	The state of	uls "		CTOR STAFF	12/2 SIGNED
23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)  Burial  23d. LOCATION (City, town, or county)  Burial  24. FUNERAL DIRECTOR'S SIGNATURE  25c. NAME OF CEMETERY OR CREMATORY  Dorchester Memorial  Park  25d. LOCATION (City, town, or county)  ARE TRANSCORPT.  25d. NAME OF CEMETERY OR CREMATORY  ARE TRANSCORPT.  25d. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, town, or county)  ARE TRANSCORPT.  25d. NAME OF CEMETERY OR CREMATORY  25d. LOCATION (City, town, or county)  25d. LOCATION (City, town, or county)  25d. LOCATION (City, town, or county)  25d. NAME OF CEMETERY OR CREMATORY  25d. REC'D 89 REGISTRAR SIGNATURE	22c. PHYSICIAN'S		22d ADDRESS		(1/60)
REMOVAL (Specify) Burial  12/1/1960.  Dorchester Memorial Park  24. FUNERAL DIRECTOR'S SIGNATURE  Dorchester Memorial Park  250. REC'D 89 REGISTRAR'S SIGNATURE	WHITANKS	MU.	CAMBR	WIGE MA	RYLAMD
Burial 12/1/1960. Dorchester Memorial Park Harifanis Cambridge, Md.  24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS PAGE 1250. REC'D BY REGISTRAR'S SIGNATURE		23c. NAME OF CEMETERY OF	CREMATORY 2	3d. LOCATION (City, town, o	r county) (State)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE		Dorchasten Ma	The second of the second	MUNICIAN C	
To County Proposal Services Combridge Manylands DEC 9 '60 Cultural Manylands	The state of the s				
LA COMPTE PHINEFAL DEPVICE. VANDITUES. LALVIANULE.	Le Compte Funeral Serv	rice. Cambridge. Ma	aryland; DATE DE	C 9 '60 C	This S. Kraus

may be retain by the hospital ar attending physician.

TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 state Board of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

TO HOSPITAL



funeral directar, buld be filed with death. Page 4

VR A15 (4) 1SM 9/59

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MAI

BALTIMORE 1, MARYLAND

	ISION OF STATISTICAL	F KESEWKCH WI	AD KECOK	D3 - BALII
3832	CE	RTIFICAT	TE OF	DEATH

13795

1. PLACE OF DEATH	112 157			USUAL RESIDENCE	(Where decease		on: Residence be	fore admission)
Dorchester,	30.	MARYLAI	ND	Maryl Maryl	and	b. COUNTY	Dorchest	er. Co.
b. CITY OR TOWN (If outside corporor RURAL and give nearest town)	e limits, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL ond give n	earest town)
Cambridge, Marylan	a D F h.	No Ties	X	Cambridg	e. Md.	R.F.D.#	3.	
d. NAME OF HOSPITAL (IF not in hosp OR INSTITUTION	itol, give street	bodress)		d. STREET ADDRESS				e. IS RESIDENCE
None				None				YES NO Y
3. NAME OF	First	Middle	11.2	Last	4. DATE	Mon	th [	Day Year
DECEASED (Type or print)	J.	Edwar	d N	lowbrav	OF DEATH			25 1960
5. SEX 6. COLOR OR F		RIEDY KNEVER MARRIED		TE OF BIRTH		9. AGE (In years		R IF UNDER 24 HRS.
Male White	WIDOWI	2007		4/1880		80 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (Give kind of			NDUSTRY	7/	ote or foreign o		12. CITIZEN C	OF WHAT COUNTRY?
during most of working life, even if r	etired)						2 11 0	.A.
Waterman  13. FATHER'S NAME		Waterman	14	. MOTHER'S MAIDE		Marylan	0.0	) AA
Luther Mowbra		SOCIAL SECURITY NO.	17. INFOR	Julia M	lowuray	Addi	ress	
(Yes. no, or unknown) (If yes, give war ar do					2.26 3.			
No No		No	Mrs.	J. Edwar	d Mown	ay, R.F.		ridge, Md.
1B. CAUSE OF DEATH [Enter only of PART I. DEATH WAS CAUSED	/ /	ne for (0), (b), and (c).		-1.	~ 1.			SET AND DEATH
IMMEDIATE CAL	JSE (o)	ruino	w	201	000		-	- Mod
156.10	JE TO							
Conditions, if ony, which	(b)							
gove rise to immediate couse (a), stating the under-	JE TO							
lying couse lost.	(c)							
Z RART II. OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
3 Cleuto V.	crak	- eup	CQ3	5				YES NO
RAPT II. OTHER SIGNIFICANT  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING   CAUSE OF D  (If EITHER, NOTIFY MEDICAL EXAM)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	iter noture of injury	in Port I or Po	rt II of item 18.)		
	NER)							
3 20c. TIME OF INJURY Month, Doy	, Year 20d. II	NJURY OCCURRED 20		OF INJURY (Home, f		y or town)	(Count	y) (Stote)
20c. TIME OF INJURY Month, Doy Hour o. m.	19 While of wor	Not while	roctory,	street, office bldg.,	erc.)			
21. I certify that (I) (this hos			///	5	10/00 10	12/25	1060	that (1) (we) last
saw the deceased alive on	l 2/2		- 1		1960, 10	Al		, , , , ,
220. SIGNATURE		IF_SE_T and in	at deat	occurred at 7	1.M, from	the causes an	d on the da	te stated abave.
	Tan	· Ke	M.D.	ATTENDING X	MED. DIRECTOR	STAFF PHYS.		12/SIGNED
22c. PHYSICIAN'S	7		M.D.	22d APDRESS	DIRECTOR	PHYS.	1.	126/6
NAME (Type) H. H	ANK	ES, M.C.		CAOL	BRI	D6E	MARY	LAND
23a. BURIAL, CREMATION, 23b. DATE TO	HEREOF	23c. NAME OF CEMETE	RY OR CR	EMATORY	23d. LOCA	TION (City, town,	or county)	(Stote)
REMOVAL (Specify) Burial 12/28	/1960.	Spedden Ce	meter	v	Car	mbri Nge	Maryland	RED#
24. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			EC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIGNAT	URE
Le Compte Funeral	Service	. Cambridge.	Mary	land DATE	JAN 3	61	Irihury S. 4	Trans

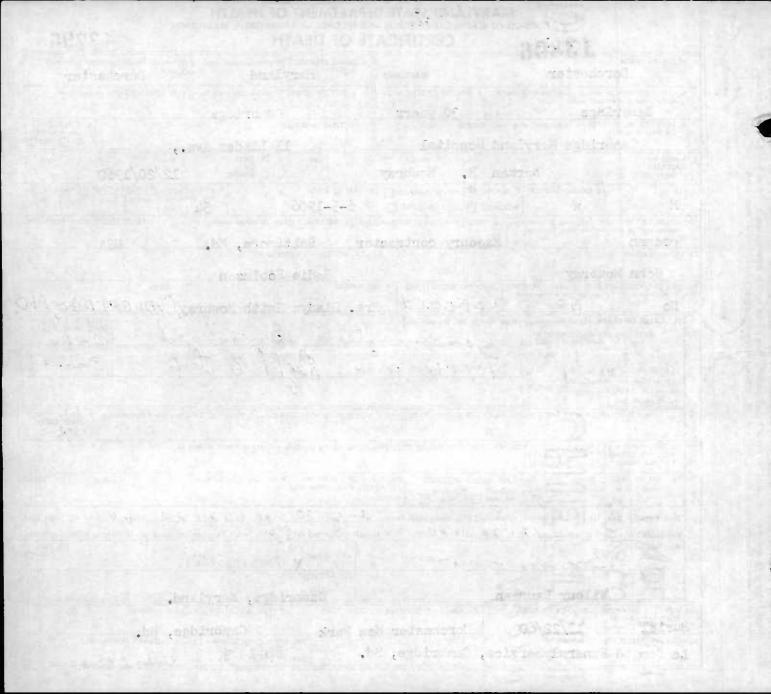
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13200

13796

a. COUNTY Dorc	hester		MAR		usual Resider	NCE (Whe		ved. If instituti b. COUNTY		e before odmi	
b. CITY OR TOWN (If an RURAL and give neare Cambrid	st tawn)	ts, write	c. LENGTH OF STAY		c. CITY OR TO		utside carporat		URAL and g	ive nearest taw	vn)
d. NAME OF HOSPITAL OR INSTITUTION Cambr	(If not in hospital, g idge Mary		ddress)		d. STREET ADD	PRESS	Linden			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	No.	rman	R. Mowl		Last		4. DATE OF DEATH	Man	/20/19	Day Day	Year
S. SEX 6	W RACE	7. MARRIE	NEVER MARRI		6-5-190	06	9.	AGE (In years last birthday) 54 yrs.		1 YEAR IF UNI Days Hours	1
10a. USUAL OCCUPATION during most of working Foreman  13. FATHER'S NAME  John Mow  15. WAS DECEASED EVER II 1/(res. no. or unknown)	life, even if retired	Mas	SONTY CON	tractor	Ba MOTHER'S M	ltim AIDEN N	ore, Mo		T.	ISA	COUNTRY
PART I. DEATH PART I. DEATH Canditians, if any, gave rise ta imm cause (a), stating the lying cause last.	WAS CAUSED BY: IMEDIATE CAUSE (a  DUE TO  which ediate	7	e for (a), (b), and (c)	V Mrs	to Glady	Sm Byf	t B	bray! leg od	AMB)	INTERVAL E ONSET AN GWG	D DEATH
PART II. OTHER  200. ACCIDENT WAS I OR CONTRIBUTING  III (IF EITHER, NOTIFY ME	INDERLYING		ONTRIBUTING TO DE	W to		THE			/EN IN PART	PERF	AUTOPSY ORMED? NO
(IF EITHER, NOTIFY ME  20c. TIME OF INJURY  Haur a. m.  p. m.	DICAL EXAMINER)	While	JURY OCCURRED Nat while		OF INJURY (Ha , street, affice b			tawn)	(C	aunty)	(State
21. I certify that ( saw the deceased 22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type)	1 1	2 - 20	ed the deceased		ATTENDING PHYS.  22d. ADDRESS	at. CA	M, fram th	e causes ar		date state	
23a. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL  24. FUNERAL DIRECTOR'S S Le Compte F	23b. DATE THEREC 12/22/60 IGNATURE	OF O	Dorchest ADDRESS Cambrids	er Mem	Park 2		Camb	ridge R 25b. REGI	or county)  Md.  STRAR'S SIG	SNATURE	ote)

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13833

13797

1.	PLACE OF DEATH  a. COUNTY DORCHESTER  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  b. COUNTY  b. COUNTY  COUNTY  DORCHESTER  MARYLAND
1/	THISTAIN TALASOT
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
	CAMBRIDGE 9 DAYS TILGHMANS
5	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTERN SHORE STATE HOSP.  d. STREET ADDRESS  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
3.	NAME OF DECEASED (Type or print) ETHEL MAY PAGE 4. DATE OF DECK, 25 1960
5.	SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years last birthday)   Months   Days   Hours   Min.
L	DO. USUAL OCCUPATION (Give kind of work done of the line of work done of the line of working life, even if retired)  HOUSEWIFE  HOUSEWORK  11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY  U. S. A.
13	DAWSON BALL  14. MOTHER'S MAIDEN NAME  EVA HUN.T
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECORD
F	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENOCARCINOMA OF RECTUM UNKNOWN
	DUE TO
	Conditions, if any, which) (b) CHRONIC CARDIOVASCULAR DISEASE
	gove rise to immediate (
	couse (o), storing the under-
Z	, (c)
ATIC	PERFORMED? YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING   CAUSE OF DEATH
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  19 While Nat while at work at work at work at work at work at work at work.
	21. I certify that (I) (this haspital) attended the deceased from DEC. 16. 1960, to DEC. 24, 1960, that (I) (we) los saw the deceased alive on DEC. 24 1960, and that death occurred at 8 pM, from the causes and on the date stated above
	220. SIGNATURE 22b. DATE
	Ellore the Tilipprem.D. ATTENDING   MED. STAFF   DEC. 25-191
	22c. PHYSICIAN'S NAME (Type) FTTORE DEFLIPE:  22d. ADDRESS  22d. ADDRESS
	FASTERN SHORE STATE HOSP.
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or county) (State)
	REMOVAL (Specify) 12/27/60 METHODIST (EMT. TILGHMAN MD.
24	4. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	U. France Cored STIMICHAELS PROATE DEC 2 9'60 Orthug S. Knows
	The state of the s

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N OF STATISTIC	AL RESEA	RCH AND R	FCORDS I	MITIAS	ORE 1 MA	P

ADMON

13807 CERTIFICATE OF DEATH

1. PLACE OF DEATH o. COUNTY Dorchester. Co. MARY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE New Jersey b. COUNTY Mercer, Co.
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	
Cambridge, Maryland. 2 Weeks d. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	ON A FARM?
Cambridge Maryland Hospital	802 Liberty, Street.
3. NAME OF First Middle DECEASED	OF
(Type or print) Frances Linthicum	
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIE	lost Dirringoy   Months   Dave   House   Min
Female White WIDOWED DIVORCE	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Secritary Secritary	Dorchester, Co. Maryland, U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas G. Linthicum	Agnes Tyler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yes, no, or unknown) (If yes, give war or dates of service)	
No No 214-28-8541	Mr. Mike D. Pasko, 802 Liberty, St. Trenton, N.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	c Whent - Wenned 2 mos
E 9 DUE TO	5 1-4.
Conditions, if ony, which ) (b)	ve replantes 4ms
gove rise to immediate couse (a), stating the under-	
lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE.  20d. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY O OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	Prignancy 4 m ago PERFORMED? YES 17 NO DE
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY O	OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
Hour o. m. While Not while	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
p. m. 19 of work of work	
21. I certify that (I) (this haspital) attended the deceased	from 11-25 1960 to 12-14, 1960, that (1) (we) last
	that death accurred at J.M. from the causes and an the date stated above.
220. SIGNATURE	22b, DATE
- Day Banmann	M.D. ATTENDING MED. STAFF 12 - 16 - SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type)	
REMOVAL (Specify)	RETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote)
Burial   12/16/1960.   Old Trin	try Chricke Yard Chruck Creek, Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S STGNATURE
Le Compte Funeral Service, Cambridge	e. Maryland, DATE DEC 22'60 arthur & Knace
Le Compte Funeral Service, Cambridge	e, Maryland, DATE DEC 2 2 '60   Citima 8. Three

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CERTIFICATION

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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Dorchester, Co. MARYLAND Maryland Dorchester, Co. c. CITY OR TOWN (If outside corporele limits, write RURAL and give nearest fown) b. CITY OR TOWN (if outside corporele limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Cambridge, Maryland. Years Cambridge, Maryland. d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO 120 Glasgow, Street 120 Glasgow, Street NAME OF Middle DECEASED OF (Type or print) 1960 DEATH Gertrude Pete Sermour 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH 9. AGE (In yeers lest birthdey) Months Deys Hours WIDOWED Female White DIVORCED 63 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if relired Seamstress Seamstress Wooniskey Vermont II.S.A. 13. FATHER'S NAME George Seymour Elma Seymour 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give we ror detes of service) Mr. Pete, 120 Glasgow, St. Cambridge. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: min. Coronary occlusion IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e), 19. WAS AUTOPSY PERFORMED? NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) (State) While Not While fectory, street, office bldg., etc.) Hour e.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry and in my opinion death resulted from: Natural causes XXI Accident Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Jr. ohn Mace NAME (Type) Address (Street, city, town, or county) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Dorchester Memorial Park Cambridge, Maryland Buria]

VS. A15ME Le Compte Funeral Service, Cambridge, Md. 5M 7/59

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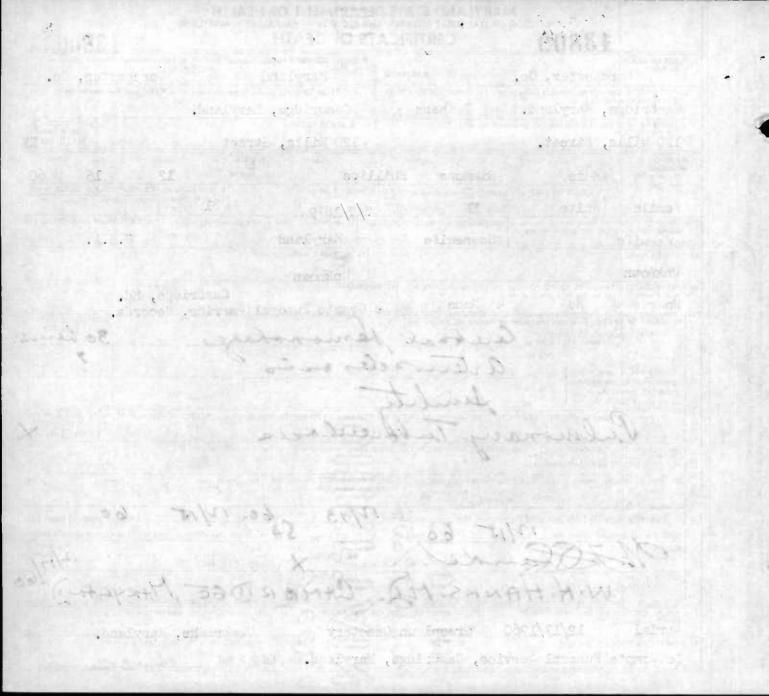
# MARYLAND STATE DEPARTMENT OF HEALTH

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	PLACE OF DEATH	rchester, C	0.	MARYLAND	2. USUAL RESII o. STATE	DENCE (Wh	ere deceased	l lived. If institution b. COUNTY	on: Reside	nce befo	re admiss	iion)
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	OR INSTITUTION	Street.	jive street	oddress)	d. STREET A		Street	t				FARM?
3.	NAME OF DECEASED (Type or print)	Addie		immons Phi	llips	t	4. DATE OF DEATH	Mon 12		1	and .	Year 19 60
5.	Female	6. COLOR OR RACE White	7. MARR	DIVORCED DIVORCED	8. DATE OF BIRTI	Н		9. AGE (In years last birthdoy) yrs.	Months Months	Doys	Hours	Min.
	Housewife	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OR IND	Mary	land	or foreign co	ountry)		S.A		OUNTRY?
	Unknown				14. MOTHER'S							
1S. (Ye	NAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s			e Compte	Funer	al Ser	Cambridge	, Md	•		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	6.	ne for (o), (b), and (c).]	Jamo	70	Rag	2		INII	ERVAL BE	
	Conditions, if gove rise to couse (o), stoting lying couse lost	DUE TO	a	Similate	lere	î,	. 0				7	
CATION	1	ilmon	av	ONTRIBUTING TO DEATH BY	T NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	O2	RT 1(o) 1	9. WAS PERFO	AUTOPSY ORMED?
L CERTIFI	200. ACCIDENT WOR CONTRIBUTING	AS UNDERLYING DEATH GOOGLE CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CARE HOW INJURY OCCURE	RED. (Enter noture o	of injury in I	Port I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Ye	ar 20d. It While of world	Not while	PLACE OF INJURY ( foctory, street, office	Home, form e bldg., etc.	20f. (City	or town)	7	(County)		(Stote)
7	21. I certify th		attend VIJ	led the deceased from		d o & A	M, from	the couses on				we) lost above.
	220. SIGNATUR	756	in	NS.	M.D. PHYS.	G MI		STAFF PHYS.	0.17		12	SIGNED
	22c. PHYSICIAN'S NAME (Type)	W. H. H	AN	KS. MD	22d ADDR	ess LB 1	210	GE /	TAR	44	the	1/6
230	REMOVAL (Specify	1)	960	23c. NAME OF CEMETERY  Greenlawn C				ION (City, town,			(Stat	le)
24.	FUNERAL DIRECTO		700	ADDRESS	emerer.	25a. REC*	D BY REGIST	RAR 25b. REGI	STRAK'S S	and.	RE	

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Le Compte Funeral Service, Cambridge, Maryland PATE DEC 2 2'60

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 13834

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	1. PLACE OF DEATH o. COUNTY	TO ALVANDO		2. USUAL RESIDENCE (WI	ere deceased lived. If institution b. COUNTY.	on: Residence before admission)
	DORCHE	STER	MARYLAND	MARYLAN	VD	ALBOT V
		utside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	outside corporate limits, write R	URAL and give nearest town)
	CAMBRID		15 YRS 10 mas	EASTON		
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	et oddres()	d. STREET ADDRESS	2 0	e. IS RESIDENCE ON A FARM?
		RE STATE HOS	PITAL		× 0.	10-2 YES NO NO
	3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mon	th Day Year
	(Type or print)	LULU 1	BARBARA R	ITTEN HOUSE	DEATH DECEMB	
	S. SEX	. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
	FEMALE	WHITE WIDOW	WED DIVORCED	MARCH 15 18	79. 81 yrs.	monins bays rious min.
	10a. USUAL OCCUPATION during most of working	(Give kind of work done 10	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	HOUSE WIF		HOME	MARYL	AND	USA,
-	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
7	JAMES	HUTCHISON	1	SUSANNA	SANGER	
	5. WAS DECEASED EVER II	U. S. ARMED FORCES? 1	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Addi	ress
	(11)	es, give war or duries or service;	219-14-4513 1	HOSPITAL RE	CORDS	
	IB. CAUSE OF DEATH	[Enter only one couse per	line for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH	WAS CAUSED BY:	LOBAR PNEI	MONIA		4 HRS
	331	DUE TO				
	Conditions, if ony	which ) (b)	EREBRAL H	EMORRHA	G- P	3 WEEKS.
	gove rise to imm	nediote Due TO				
	lying couse lost.	under-				
	Z PART II. OTHER	SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY
,	ICATIO					PERFORMED? YES NO M
	PART II. OTHER  200. ACCIDENT WAS OR CONTRIBUTING  (IF EITHER, NOTIFY ME	UNDERLYING   20b. DI CAUSE OF DEATH EDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	
	3 20c. TIME OF INJURY	Month, Doy, Year 20d.		ACE OF INJURY (Home, form		(County) (State)
	20c. TIME OF INJURY Hour o. m. p. m.	19 Whi	le Not while fo	ctory, street, office bldg., etc	.)	
			nded the deceased fram.	FER 19 10	55 to DEC. 3	, 1940, that (I) (we) last
0		d alive on DECS				id on the date stated above.
	220. SIGNATURE	dive on PECT	17-E-9, and that (	death accurred di-	ent, from the causes an	22b. DATE
	1 Year	0 ton . H	- 11		ED. STAFF PHYS. 2	SIGNED SIGNED
	22c. PHYSICIAN'S	J. Chang		22d. ADDRESS	KECIOK E TITIS. ZZ Z	JEL 3, 1900.
	NAME (Type)	T. CRAWFOI	37	CAMBR	IDEF MAPL	1 440
	236. BURIAL CREMATION.		23c NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town,	or county) (Stote)
	REMOVAL (Specify)	Dec 6 196	Pairon	and the state of t	Cordova	Med
	24. FUNERAL DIRECTOR'S	SIGNATURE /	ADDRESS	25a. REC'	D BY REGISTRAR 25b. REGI	STRAR'S SIGNATURE
	Ellis 7	lark	Taxlon	MIS DATE	DEC 8 '60	-1 of & House

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH

		DIVISIO	MAR	YLAND STAT	E DEP		OF HEAL				
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	PLACE OF DEATH				11 .	USUAL RESIDENCE	(Where decease		n: Residence	before (	odmission)
		ESTER, CO.		MARYLA	IND	MARYLA	ND	b. COUNTY	DORCHI	CSTEE	R.CO.
	<ul> <li>CITY OR TOWN (If RURAL and give ne</li> </ul>	outside corporate limits, arest town)	write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	(If outside corpo	rote limits, write RL	JRAL and giv	re neares	it fown)
	CAMBRIDGE			1 WEEK			LLY, MA	RYLAND.			
	OR INSTITUTION	AL (If not in hospitat, give			1	NONE			-11		IS RESIDENCE ON A FARM? (ES NO F
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Mont	h	Day	Yeor
	(Type or print)	ROBERT		E.	ROBE	RSON	DEATH	12		31	19 60
5.	SEX	6. COLOR OR RACE 7	MARRI	ED NEVER MARRIED	☐ B. D/	ATE OF BIRTH		9. AGE (In years lost birthdoy)		_	UNDER 24 HRS.
M	ALE	WHITE Y	VIDOWE	DIVORCED	0 7/	11/1883		77 yrs.	Months L	Days H	lours Min.
100	. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. I	CIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SI	tote or foreign c	ountry)	12. CITIZI	EN OF W	HAT COUNTRY?
	FARMER	mg me, even in remos,	F	ARMER		MARYT.A	ND			II.S.	Α.
13.	FATHER'S NAME				14	. MOTHER'S MAIDE	N NAME	-6225			
	CHARLES	B. ROBERSON				FANNTE	THOMAS				
	WAS DECEASED EVER	R IN U. S. ARMED FORCE		OCIAL SECURITY NO.	17. INFOR	MANT		Addr	ess		Taxabli
	NO	NO	2	16-18-8911	MRS	JEAL LE	WIS CA	MBRIDGE.	MARYT	WD.	
	18. CAUSE OF DEA	TH [Enter only one cous	e per lin	e for (o), (b), and (c).]						INTERV	AND DEATH
	PART I. DEA	TH WAS CAUSED BY:		Cerebra	1 Hem	orrhage			100	014321	AND DEATH
	44	3X DUE TO						-			
	Conditions, if or	ny, which ) (b)_		Hyperte	nsive	Cardio V	ascular	Disease			
	gove rise to in couse (o), stoting t	nmediote (									
	lying couse lost.	(c)_									11-12
NO	PART II. OTH	ER SIGNIFICANT CONDI	TIONS C	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(o) 19.	WAS AUTOPSY PERFORMED?
CERTIFICATION				Uremia							ES NO
TIF	20a. ACCIDENT WA	S UNDERLYING 1 20	Ob. DESC	RIBE HOW INJURY OCC	CURRED. (E	nter noture of injury	in Port I or Por	t II of item 1B.)			
		MEDICAL EXAMINER)									
MEDICAL		Month, Doy, Year		JURY OCCURRED 2		OF INJURY (Home, to street, office bldg.,		y or town)	(Co	unty)	(Stote)
MED	Hour o.m.	19	While of work	Not while ot work	lociory,	street, office blog.,	erc.)				
	21 I certify tha	t (I) (this haspital)	attende	ed the deceased for	ram 1	-21-57	10 to	12-31-60	10	that	(1) (we) last
	saw the decease	ed alive on 212-	27_6	19 and the	hat deat	accurred and					
	220. SIGNATURE	1011	1	GLL 17 7 dild 11	nai dear	decorred dig.	A H, H GIII	The causes an	d dil lile	date si	22b. DATE
	(00VE	MA Lu	whe	4/	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		1-1	3-61 SIGNED
	22c. PHYSICIAN'S	-70.				22d. ADDRESS		A POLICE			
	NAME (Type)	Albert E. B	unke:	r, M. D.		200 Ma	ryland.	Ave., Cam	bridge	e, Me	aryland
230	BURIAL, CREMATIO	N, 23b. DATE THEREOF	-	23c. NAME OF CEMET	ERY OR CR	EMATORY	23d. LOCA	TION (City, town, c	or county)		(Stote)
	REMOVAL (Specify) BURTAT.	1/2/1967		BARTIST CH	URCH	VADD	WOOL		377 / 300		
_	FUNERAL DIRECTOR		•	ADDRESS	non		REC'D BY REGIS		TRAK'S SICI	ATURE	
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COMPRE FUNERAL SERVICE, CAMBRIDGE, MARYLAND, DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 1381 PLACE OF DEATH a. COUNTY Dorchester MARYLAND Maryland CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURA and give neotest town)
Cambridge Life Cambridge d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION
38 Park Lane d. STREET ADDRESS Lane NAME OF DECEASED 4. DATE First Middle DEATH (Type or print) George Lvle Saunders 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH WIDOWED | DIVORCED T Male Negro during most of working life, even if retired) Laborer Laborer 13. FATHER'S NAME William Saunders 16. SOCIAL SECURITY NO. 17. INFORMANT No 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Decompensation DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stating the underlying cause lost. Emphysema 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month 20d. INJURY OCCURRED Day, Year factory, street, affice bldg., etc.) Hour a.m. Not while at wark at work Dec June 21. I certify that I attended the deceased from..... glive on December ACTUAL PHYSICIAN'S NAME (Type) Edwin Fassett, M.D. 22a. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Dorchester E. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? 38 Park Lane YES NO DE Month 1960 Dec. 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Months Days 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Dorchester County, Md. USA Rebecca Pinkett Maryetta Saunders, Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic heart disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature al injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (Stote) 19 60 that I last saw the deceased , and that death occurred at \_\_\_\_\_\_M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 227 Fine St., Cambridge, Md. 22d. LOCATION (City, town, or county) 12/28/1960 Waugh Cemetery Cambridge. Md. Burial 23. FUMERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Cambridge, Md DATE AN 3

Reg. Dist. No.

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FOR STATE CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Where decased lived, if institution, Residence before edmission) e. COUNTY necessary, ector. Page files. Health, b. COUNTY orchester. Co. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL end give nearest town) write RURAL end give neerest town) Cambridge, Maryland. Life Cambridge, Md. R.F.D.# 3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boa rould be executed within 24 hours after death. If any oean, in pencil in frem 18. Give Pages 1, 2, and 3 to the funers Office along with form PM3. Page 5 may be retained burial-transit permit. File pages 1 and 2 with the State 1 burial-transit permit. None None NAME OF Middla Inch 4. DATE Month!! Unknow!!! DECEASED (Type or print) DEATH Dec. Seward Franklin 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR) 8. DATE OF BIRTH WIDOWERY 1893 DIVORCED Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if ratired) Færmer Farmer Maryland FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unkown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyas giva war or detes of service) This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I. DEATH WAS CAUSED BY: Exposure IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if eny, which (b) gave rise to immediate causa "pending" ease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's **FUNERAL DIRECTOR**: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren DUE TO (e), stating the underlying cause lest. CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | DICAL EXAMINER: Found frozen in yard of his home. CAUSE OF DEATH. 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year Not Whiles factory, streat, offica bidg., etc.) Unlmown Yard, home et work at work 21. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection . Accident 12 death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Typa) John ace Address (Streat, city, town, or county) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Greenlawn Cemetery 240 p Burial 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59

IF UNDER 24 HRS. last birthday) Months Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address LeCompte Funeral Home. Cambridge, Md. INTERVAL BETWEEN ONSET AND DEATH PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO [ (County) (Slate) Cambridge Dor. Md. Inquiry and in my opinion Undetermined manner DATE SIGNED 1/10/6 22d. LOCATION (City, town, or country) Cambridge, Dor. Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE Le Compte Funeral Service, Cambridge, Maryland, DATAN 17'61 arily & Krous

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

Dorchester, Co.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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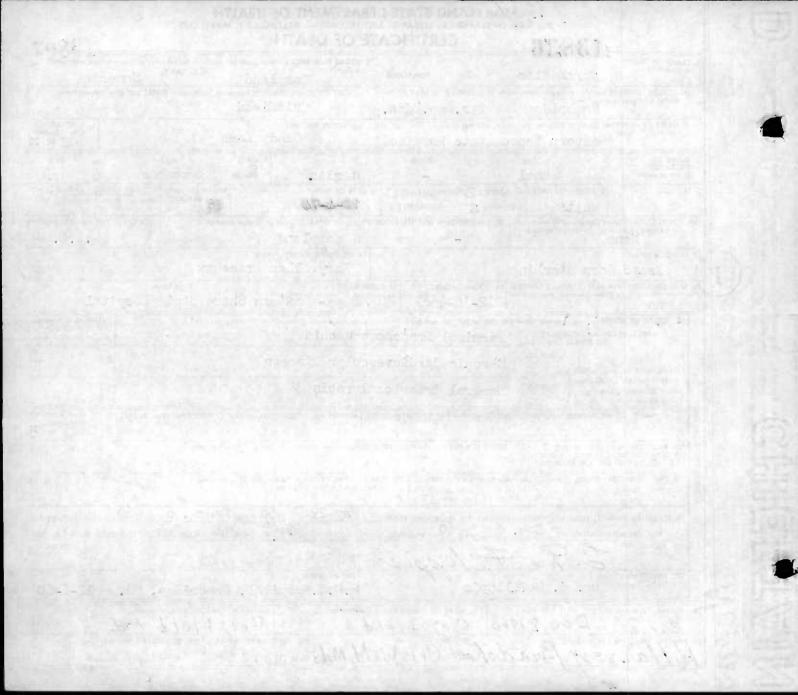
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be reboil by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 proul be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs after death.

VR A1S (4) 1SM 9/59

MARYLAND	STATE	<b>DEPARTMEN</b>	T OF HEALTH
DIVISION OF STATISTICAL	RESEARCH	AND RECORDS -	BALTIMORE 1, MARYLAND

	13836		CERTIFI	CAI	TE OF DEATI	Н				138	207
1. PLACE OF DEATH a. COUNTY	Dorcheste	r	MARYL	AND	2. USUAL RESIDENCE (	Where deceased yland	d lived. If institution b. COUNTY	~	mer s		ion
b. CITY OR TOWN (II RURAL and give ne	f autside carporate limi carest lawn) Cambridge		c. LENGTH OF STAY IN 2yr.6mo.8da		c. CITY OR TOWN (I	f autside corpo sfield	rate limits, write R	URAL and	give ne	rest town	-2
d. NAME OF HOSPIT OR INSTITUTION	Eastern Sh		oddress) State Hospit	tal	d. STREET ADDRESS Gai	ndy Lan	e				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Ethe		Middle		Sterling	4. DATE OF DEATH	Decem Decem		Do	,	Year 1960
s. sex	6. COLOR OR RACE White	7. MAR WIDOW	RIED NEVER MARRIED		10-4-74		9. AGE (In years 86 birthdoy) yrs.	Manths Manths	R 1 YEAR Days	Haurs	R 24 HRS Min.
10a. USUAL OCCUPATIO during mast af work NONE	ting life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	try 11. Birthplace (Sto Maryland		ountry)	12.CI		J.S.A	OUNTRY
13. FATHER'S NAME	Ross Sterli	ng			Mary Ell		shaw				
YS. WAS DECEASED EVE (Yes. no. or unknown) NO	R IN U. S. ARMED FOR (If yes, give wor or dates of s	arvice)	social security no. 12-10-4687		CORDS - Eas	tern Sh	ore State		spita	al	
Canditions, if a gave rise to it cause (a), stating lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (conny, which mediate the under-	CI Ge	erminal Bron pronic Cardi eneral Arter	ova	scular Disea				ON	ERVAL BE	DEATH
ICATIC			CONTRIBUTING TO DEAT					VEN IN PA	RT 1(o)	PERFO YES	RMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Haur a. m. p. m.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Manth, Day, Ye	or 20d. While		20e. PLA	CE OF INJURY (Hame, fo lary, street, affice bldg.,	arm, 20f. (City	or lawn)		(County)		(Stote
21. I certify that saw the decease 220. SIGNATURE	ed alive an De	) attender. 6	ded the deceased f	ram	May 29  eath accurred at a coursed at a course at	MED.	Decem. 6 the causes an	, 19 <sup>C</sup>	O_, the	stated	we) las l above b. DATE SIGNEE
22c. PHYSICIAN'S NAME (Type)	Dr. E. De		ppis		22d. ADDRESS E.S.S.Hos		Cambridg	e, Mo	i.	12-6	-60
230. BURIAL, CREMATIO REMOVAL (Specify)	Dec.8	,1960			4	Cri	TION (City, town,	LIN	1d	(Stat	e)
A, Hari	S SIGNATURE Br	ad	ehow Cris	fije	1/10/	DEC 1 2 '		STRAR'S S			



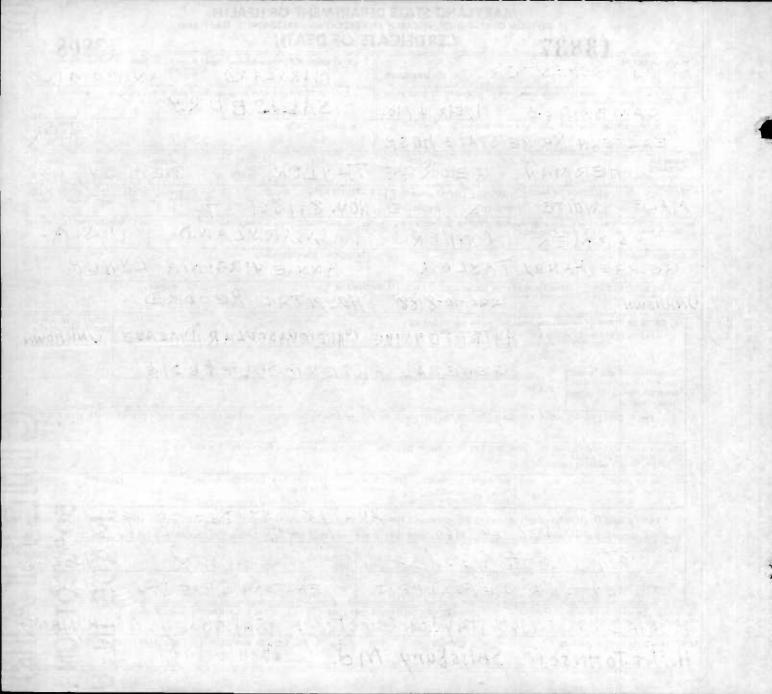
	10.5			SIMIL		W17 11	411			
IVISION	OF	STATI	STICAL	RESEARCH	AND	RECOR	DS -	- BAI	TIM	ORE
			OF	BELEVA		-	-			

	DIAISION OL	STATISTICAL KESENKCH MIAN	KECOKD3	- DALI
383	17	CERTIFICATE	OF D	EATH

13808

)	O. COUNTY DORCHESTER MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATEMARYLAND b. COUNTY  N. C. D. (M. I. C. D. I							
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  CAMBRIDGE  1 YEAR, 4 Mo.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
6	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION EASTERN SHORE STATE HOSP.	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO NO							
	3. NAME OF DECEASED (Type or print) HERMAN GEORGE	TAYLOR 4. DATE DEC. 24, 1960							
	5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   WHITE   WIDOWED   DIVORCED	B. DATE OF BIRTH  NOV. 8   881   9. AGE (In yeors lost birthdoy)   79 yrs.   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Haurs   Min.							
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)  ARMER OWNER	MARYLAND U.S.A.							
	GEORGE HANDY TAYLOR	ANNIE VIRGINIA LYNCH							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give war or dates of service)  (If yes, give war or dates of service)  (If yes, give war or dates of service)	HOSPITAL RECORD							
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: HYPERTENSIVE CARPLOVASCULAR DISEASE ONSET AND CONSET, AND									
	Iying couse lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT   200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO							
		ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote)							
	21. I certify that (1) (this haspital) attended the deceased fram AVG: 18. 1957, to DEC: 24, 1960, that (1) (we) last saw the deceased alive an DEC: 24, 1960, and that death accurred at TEM, from the causes and an the date stated above.								
	220. SIGNATURE 220. ATTENDING MED. STAFF SIGNED PHYS. M.D. ATTENDING MED. DIRECTOR PHYS. M.D. PHYS.								
1	23G. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CEMETERS CEMETERY CEMETERS CEMETERY CEMETERS CEMETERY CEMETERS CEMETERY CEMETERS CEMETERY CEMETERS CE	metery SALISBURY, NIARYLAND							
0	4. FUNERAL DIRECTOR'S SIGNATURE HILL & JOHNSON SALISBURY, 1	Mod DATE DEG & 8 '60 25b. REGISTRAR'S SIGNATURE							

VR A15 (4) 1SM 9/59



TO HOSPITATE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after of death. Page has be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after gentle.

	13838	CERTIFICATE	OF DEATH		Franklin (		1380	0
PLACE OF DEAT	Н		2. USUAL RESIDEN	CE (Where de	ceesed lived, If b. COUN		ence bafore e	dmission
	Dorchester	MARYLAND	a. STATE Mary	land	B. COUN		ester	
	(if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		orate limits, write	RURAL and giv	a nearest low	n)
40 2 4	d giva nearast town) dge.R.D. 1	25 years	Combi	ridge,R	ח ח			
	PITAL OR INSTITUTION (if not in	V	d. STREET ADDRESS	Tuge	· D · T			ESIDENCE
p p n	1		D F 1	. 7				A FARM?
R.F.D.	First	Middle	R.F.	4. DATE	Month	De		
DECEASED (Type or print)	Lillie May	Cuddy	Thorne	OF DEATH	Decemb	er 23,19		
. SEX			DATE OF BIRTH			IF UNDER 1 YEAR		24 HPS
-	6. COLOR OR RACE 7. MAR			у.	last birthday)	Months Days	Hours	Min.
Female		WED X DIVORCED 1	May 7,1874		86 yrs.			
Da. USUAL OCCUPA done during most of w	TION (Giva kind of work   10b	, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or	foreign country)	12. CITIZEN	OF WHAT C	OUNTRY
Homemake			Joplin, Mc	) •			U.S.	
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Wi	illiam Cuddy		Anna Lath	am				
5. WAS DECEASED E	VER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.   17. 1	NFORMANT		Address			
You no, or unkown)	(If yes give war or datas of sarvice)	None Fr	ank C. Thorn	a Cambi	eiden Ma	R D	7	
	DEATH (Enter only one cause )		and O. Inorn	ie , Cameri	. ruge on		NTERVAL BET	WEEN
.4	TH WAS CAUSED BY.						DNSET AND	
111-	IMMEDIATE CAUSE (a)	ovenua	×				4 a	oy
TO	DUE TO	storionale	1 -0 - 4 3	00.	_	VALUE OF	2	1
Conditions, If an		A i A	10010	jack	rono	-	2 m	OK
gave rise to imma (a), stating tha	DISE TO	Kt lower	letter	hutil	),,		7	
cause last.	(c) 4	severalez,	Ed an	letes	Aselo-	on		
PART II. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART 1(a)		AUTOPSY DRMED?
De a	. D. t.						YES T	NOX
204. ACCIDENT	WAS UNDERLYING   20b.	DESCRIBE HOW INJURY OCCURED.	(Entar natura of injury in	Part I or Part II	of itam 18.)			
PART II. OTH  201. ACCIDENT N  OR CONTRIBUTION  (IF EITHER, NOTIF	G CAUSE OF DEATH							
		od. INJURY OCCURRED   20a. PLA	CE OF INJURY (Homa, far	m, ' 20f. (City	or town)	(County)	-	(State)
20c. TIME OF IN. Hour a.m.	, w	hila Not Whila facto	ory, street, offica bldg., etc					
p.m.	. 19 at	work at work	101 - 11	1,0	12/25			
21. I certify	that (1) (this hospital); at	tended the deceased from	144	1960 10.	1		that (I) (	
saw the decei	ased alive on 12/7	3, 1960, and that	death occured at	M? from	the causes	and on the	date state	d abov
220 SIGNATURE	180		ATTENDING /	MED.	STAFF		22b	SIGNE
1/1/2	There	ele M.	BUNG VZ	DIRECTOR [	PHYS.		12	/
22c. PHYSICIAN			2307 ADDRESS	c			1	211
NAME (Typ	"WIHHAM	JKS MI).	(AMB	2106	EM	al		16/6
3a. BURIAL, CREMA	TION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC.	ATION (City, to	wn or county)	(5	itate)
MANAYAL Specif		Dorchester Mer		Cambi	ridge, Md			
24 FUNERAL DIRECTO		ADDRESSCambric	ge Md 25a. RE	1		GISTRAR'S SIGN	NATURE	
TO THE DIRECTO	TI R. Shor	Topicsalone I. T.		JAN 3		arthur 2.		
1011110	La M. Juli	10-1	DATE				VI V	

MARYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13839

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 13810

10000				keg. Dist. No. —
1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO STATE	ere deceased lived. If instit b. COUN	
b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	MARYLAN	U	E RURAL and give nearest town)
RURAL and give nearest town)	1	e. citt ok town (ir a	ourside corporare limits, write	e KUKAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	72 MONTHS	d. STREET ADDRESS	DEPOSIT	e, IS RESIDENCE
OR INSTITUTION		d. SIKEEI ADDKESS		ON A FARM?
	SPITAL	1	la pare	YES NO E
3. NAME OF DECEASED (Type or print) CASIMIRO	Middle	TRIALIO	OF DEATH	North Day Year  MBER 31 1960
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthdo)	
MALE WHITE WIDOW	ED DIVORCED	MAY 15 187	77 83 1	
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. 8RTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	TONE QUARRY	ITTALY		UNKNOWN
3. FATHER'S NAME		14. MOTHER'S MAIDEN	IAME	
MICHAEL TRIALIO		PHILOME	NA CAVA	LIER
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown)   (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT		ddress
UNK'NO'VUN	H	OSPITAL F	RECORDS.	
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), ond (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	EREBRAL H	IEMORRHAG.	E	15 MINS
33/X DUE TO				
Conditions, if ony, which gove rise to immediate (b)	BEBRAL ART	ERIOSCLER	2120	3485
couse (a), stating the under-				
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION (	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 18.)	
Hour o. m. While		ACE OF INJURY (Home, form tory, street, office bldg., etc		(County) (State
21. I certify that I attended the deceas	ed fram MAY 17	, 1960, ta D	DEC 31 , 196	Athat I last saw the decease
alive an DEC 30 , 19 4	ond that death	accurred at 8 A		and an the date stated abave
- 1 0 0			ADDRESS (Street, city or tow	
SIGNATURE Harm 1. 61	rawford	M.D. CAMBRI	DGEMD	DEC.31 1960
PHYSICIAN'S	1			
NAME (Type) HARRY J	RAWFORD.			
220- REMOVAL (Specify) 22b. DATE THEREOF FROM H /96/	22c. NAME OF CEMETERY O	atony Bra	22d. LOCATION (City, low	n, or county)  Md  (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			GISTRAR'S SIGNATURE
Konneth B. Thorses to	100 Locust	27 DATE AN	5 '61 a	they & Krous

TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after again. Tage "may be retain" by the hospital at attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and campletely filled in by "uneral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2, should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 haurs after death. VS A15 (4) 15M 9/S8

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13813 CERTIFICATE OF DEATH Reg. Dist. No. 13812 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY Dorchester MARYLAND Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 ca CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town)
Cambridge Life Cambeidge d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Fairmount Avenue ON A FARM? Fairmount Avenue YES NO IX NAME OF DECEASED Middle 4. DATE Year Selover (Type or print) Oree Tyler DEATH Dec. 1960 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Days Maile WIDOWED TO DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Restaurant Restaurant Cambridge. Md. USA 13. FATHER'S NAME John Mattie St. Clair 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT No Mammie Bellemy. Washington, D. C. IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) 2-ma DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the undererosis lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 002X YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. at work at wark 21. I certify that I attended the deceased fram. —O \_\_\_\_, 19, 6 \_\_\_\_, and that death accurred at \_\_\_\_\_\_, M, fram the causes and an the date stated above. ACTUAL SIGNATURE shoul PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Burial Waugh Cemeterv Cambridge. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AN 3 Cambridge. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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## MADVIAND STATE DEPARTMENT OF HEALTH

MAKILAI	ID SIMIE	DELWKIMEL	II OF HE	ALIII
DIVISION OF STATISTIC	CAL RESEARCH	AND RECORDS -	- BALTIMORE	1, MARYLAND

1	3840		CERTIFIC	ATE	OF DEATH				138	13	
1. PLACE OF DEATH				- 11	USUAL RESIDENCE (Whe	re deceased	lived. If instituti	on: Resider	nce before a	imission)	
	chester		MARYLANI		Maryland Queen Anne						
b. CITY OR TOWN (II RURAL and give ne		its, write c. LEN	GTH OF STAY IN 11	b	c. CITY OR TOWN (If ou	tside corpoi	rote limits, write R	URAL and	give nearest	town)	
Can	bridge		Limo 19day	S	Crumpt	on					
d. NAME OF HOSPIT.	AL (If nat in hospital, g	give street address	)		d. STREET ADDRESS		17	V-	e. IS	RESIDENCE	
F	astern Sho	ore State	Hospital					10		S NO D	
NAME OF DECEASED	Fie	rst	Middle		Last	4. DATE OF	Mor	th	Day	Year	
(Torre or maint)	lizabeth (	(Bessie)	Jo	nes	Warner	DEATH	Dece	mber	13	1960	
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	] 8. D/	ATE OF BIRTH		9. AGE (In years last birthday)	-		INDER 24 HRS.	
Female	White	WIDOWED K	DIVORCED [		July 3, 1880		80 yrs.	Months	Doys Ho	ours Min.	
Oa. USUAL OCCUPATIO		done 10b. KIND (	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State o	r foreign co	ountry)	12. CIT	IZEN OF WH	AT COUNTRY?	
None	ng me, even il terrieo	"	-		Marvland				U.S.A.		
3. FATHER'S NAME		A PRES		14	I. MOTHER'S MAIDEN NA	AME				ALE A	
John Jo	nes				Mary Eliz	abeth	Jones				
5. WAS DECEASED EVER	IN U. S. ARMED FOR		SECURITY NO. 17	INFOR			Add	ress	-		
No	if yes, give war ar dates of s		-05-0275	REC	CORDS: East	ern S	hore Sta	te Ho	spita		
_	TH [Enter anly ane co									L BETWEEN	
PART I. DEA	TH WAS CAUSED BY:	Ceret	ral Throm	bosi	s				10 hours		
111-	DUE TO		2000			macs.					
Conditions, if or	y, which ) (t	Chror	nic Myocar	diti	s				Over	Over 2 yrs	
gave rise to in	mediote DUE TO					THE					
lying couse lost.	couse (o), storing the under-										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY											
PART II. OTH	Chronic Brain Syndrome - Senile Brain Disease  Performed?  YES □ NO D										
	200 ACCIDENT WAS LINDERLYING TO 20th DESCRIBE HOW INJURY OCCURRED (False nature of injury in Part I or Part II of item 18.)										
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH										
20c. TIME OF INJUR	Month, Day, Ye	ear 20d. INJURY	OCCURRED 20e.		OF INJURY (Home, farm,		or town)	(	County)	(Stote)	
20c. TIME OF INJUR Hour a. m. p. m.	19		lol while	foctory,	street, affice bldg., etc.)						
	t (1) (th/bickospicios				July 25 105	8 . ta	Dec. 13	106	50 Ab-A	(I) (NOS) last	
	ed alive anDe				h accurred at	100 mg	the causes ar			(1) Kenari 1021	
22a. SIGNATURE	ed diive diiDs	اليلد_هاي	QQ i and tha	r dear	n accurred at	M, Irom	the causes of	ia an in	e date sic	22b. DATE	
Han	221 Q &	7-11	2	M.D.	ATTENDING MET	D. ECTOR	STAFF PHYS.		7.0	SIGNED	
22c. PHYSICIAN'S	The state of the s	1-6000		741.0.	22d. ADDRESS	ECTOR L	11113. 20			2-14-60	
NAME (Type)	Harry J.	Crawford	d. M.D.		Eastern Sho	re St	ate Hosp	ital.	Camb	ridge.M	
3a. BURIAL, CREMATIO			NAME OF CEMETER	/ OP CP			TION (City, town,			(Stote)	
REMOVAL (Specify)	11/17/	60 X	Tenuna and	Pl.	Lines OK	1	Anna de	Pa		md	
				The same	-11	WHIN	· LANING	LAT.		1141	
24. FUNERAL DIRECTOR'	12/1/	1/4	DDRESS	20	25g, RFC'D	BY REGIST	RAR 25b. REGI	STRAR'S SI	GNATURE		
4. FUNERAL DIRECTOR	12/1/	1 Chi	DDRESS	0	25a. REC'D	BY REGIST			GNATURE & Thous		

BYSEL STATE 

## FOR STATE HEALTH DEP TO DEPUTION SDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer ector. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

4.0.4. MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Т		13814
1.		PLACE OF DEACH
		e. COUNTY ( b. COUNTY )
		Dochester MARYLAND MA Horchester
		b. CITY Of TOWN (if outside corporate limits, write RURAL and give neerest town)
		Write AURAL and give neerest town
		Cambridge Southes Secretary X
F	1	MAME OF HOSPITAL OR INSTITUTION of in hospitet, give street address)  d. STREET ADDRESS  1 o. IS RESIDENCE
1	/	ambridge Maryland ( VES T) NO TA
-	2	
		NAME OF DECEASED AND First Month Dev Yeer DECEASED
н		(Type or print) HIMH H HIKO WILLOUTING BEATH 20 1960
	5.	SEX   6. COLOR OF RACE 7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In your IF UNDER 1 YEAR IF UNDER 24 HRS.
	1	A C   Manthal David Manthal David Manthal David Manthal David Millian
	1	enale white widowed Divorced Jolo/1886 Junited Months Deys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY) 11. DERTIPLACE (State or foreign country)
	do	ne during nost of working life, every it retired
		Sousework of the parties of the
	13.	EATHER'S NAME
		John Huss Tolean
	15	WAS DECEASED EVER IN D.S. ARMED FORCES?   16. SOCIAL SECURITY NO. 17. WIFORMANT
		WAS DECEASED EVER BY D.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 47. WIFORMANT Adjitoss
		Williams Itilloughter Searchan MU
_	-	18. CAUSE OF DEATH (Enter only one cause per line forde), (b), end (c).
p	1	PART I, DEATH WAS CAUSED BY:
		IMMEDIATE CAUSE (e)
A		4 2 0 DUE TO
1		
		geve rise to immediate cause (b)
	53	(a), steling the underlying DUE TO
		cause lest. (c)
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY
1	임	PERFORMED?
1	5	YES NO [
	CERTIFICATION	20e. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Pert II of item 18.)
	8	PRIMARY OF CONTRIBUTING CONTRIB
	_	
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 2Dd, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (Cily or town) (County)  Hour a.m. (County) (Stele)
	1	Hour a.m.  While Noi While tectory, street, office bidg., etc.)
		death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
		CHIEF MEDICAL EXAMINER
		ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED
		SIGNATURE M.D.
9		DEPUTY MEDICAL EXAMINER X
		NAME (Type) / OHN / ACEJR Address (Street, city, town or county)
	229	BURIAL, CREMATION 22b. DATE THEREOF / 22 NAME OF SEMETERY OF SEMET
	10	TEMOVAL (Sportly)
-	1	portal 1/ 4/100 Cast New Marky Cost New Market Ma
3	38	TUNERAL DIRECTOR DE LA DORESS 2 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	1	all / relonging Coast New Market May DATE AN 3 '61 O Thur & thrus
4	1	1 -UAIR

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VS A15 (4) 15M 9/55

	13815		CERTIFIC	CATE OF	DEATH	1		Reg. Dist. N	. 13	8815
1. PLACE OF DEATH a. COUNTY	Dorchester		MARYLAN	II a STATE	ESIDENCE (WH		ved. If institution b. COUNTY		are admi:	ssion)
RURAL and give	(If outside carporate limit nearest tawn) Cambridge		ength of stay in 1	12		utside carporat	e limits, write RU	JRAL and give n	earest law	vn)
	ITAL (If not in haspital, a	ive street addre		d. STREE	et ADDRESS Byrn St	100			ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Ruti	st	Middle Brown		lost right	4. DATE OF DEATH	Month December		ay	Year 19
5. sex Female	6. COLOR OR RACE White	7. MARRIED [	NEVER MARRIED	8. DATE OF 8	27,188			Manths Days		DER 24 HRS.
during most of wo	ION (Give kind of work of the control)	lane 10b. KIND	OF BUSINESS OR IN		HPLACE (State Cambrid		iry)	12. CITIZEN		T COUNTR
13. FATHER'S NAME	George R. Br	rown			er's maiden n Catheri	1 222	htson			
15. WAS DECEASED EV	/ER IN U. S. ARMED FOR	CES? 16. SOCI		informant Miss Mab	le Wrig	ht,Byrr	Address St., Ca		e,Md.	
5 Lka	immediate DUE TO  the under Control  there significant control  there significant control	DIJIONS CONTI	. (1)//	ve ar	thetes	, Cy	stocel	N IN PART 1(0)	19. WAS PERFO YES	ORMED?
20c. TIME OF INJU	Y MEDICAL EXAMINER)	r 20d. INJURY		PLACE OF INJUR factory, street, or	Y (Hame, farm.	20f. (City or		(Caunty	)	(State)
	that I attended the		114.0			ADDRESS (Street	he causes ar t, city or town, st		ate stat	
22a. BURIAL, CREMATI REMOYAL (Specific	" Dec.11,19	960 De	NAME OF CEMETERY	Memorial	Park	Cambr	N (City, tawn, ar		(Sta	ite)
23. FUNERAL DIRECTO	r's signature X	? Lu	ADDRESS ambrid	ige,Md.		BY REGISTRA		RAR'S SIGNATI		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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